


COUNTY BOROUGH OF SOUTHPORT



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1972

Health Department
2 Church Street, Southport



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Telephone No.
Southport 42411

Health Department
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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

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HEALTH COMMITTEE

(31st December, 1972)

The Worshipful the Mayor Alderman G. Walton

Chairman	...	...	...	...	Councillor H. MARTLAND	
Senior Deputy Chairman	...	...	...	...	Councillor J. H. POYNTON	
Junior Deputy Chairman	...	...	...	...	Councillor J. HARTLEY	
Aldermen	...	...	...	...	E. McCABE, J.P.	
					A. V. F. LANGFELD	
					G. S. WILKINS	
Councillors	...	...	...	...	Mrs. M. AUGER	R. GREENALL
					T. A. BENTHAM	R. B. HUGHES
					J. R. CORCORAN	Mrs. C. KIRWAN
					R. E. EARP	K. J. PULHAM
Co-opted Member	...	...	...	...	Dr. L. M. MACKENZIE	

SENIOR STAFF OF THE DEPARTMENT

(in post on 31st December, 1972—*indicates part-time staff)

Medical Officer of Health	...	...	P. W. LANG, L.R.C.P., L.R.C.S., L.R.F.P. & S., M.F.C.M., D.P.H.
Deputy Medical Officer of Health	...		VACANT
Senior Medical Officer in Department			E. LOSONCZI, M.B.E., M.D., D.P.H.
Medical Officer in Department	...		*KATHLEEN ABRAHAM, M.B., Ch.B.
Principal Dental Officer	...	...	W. L. ROTHWELL, L.D.S.(Liv.)
Senior Dental Officer	...	...	J. D. M. KIDNEY, B.D.S. (Nat. Univ. of Ireland)
Dental Officer	...	...	P. L. HEATHCOTE, L.D.S. (Liv.)
Public Analyst	...	...	*A. C. BUSHNELL, F.R.I.C.
Chief Public Health Inspector	...		S. D. BURGE, F.R.S.H., M.A.P.H.I.
Director of Nursing Services	...		Miss E. MITCHELL, M.B.E., S.R.N., S.C.M., H.V. Cert., Q.N.
Chief Fire & Ambulance Officer	...		*J. PERKINS, M.B.E., Grad. I. Fire E.
Administrative Assistant	...	...	F. H. DIX, A.C.I.S.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1972

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF SOUTHPORT

1972 will be remembered as the year in which a very considerable amount of time was devoted to Working Parties and Committees concerned with the Reorganisation of Local Government. Superimposed upon this activity as the year progressed was work dealing with Reorganisation of the National Health Service. Consequently out of town commitments increased very substantially. In June the Secretary of State made an announcement about the proposed boundaries for provincial, Area and Regional Health Authorities. Joint Liaison Committees were set up soon afterwards with the task of co-ordinating the preparatory work needed to facilitate the reorganisation of the National Health Service smoothly. As events have turned out the reorganisation process has proved to be anything but smooth though all concerned have worked with a will and every effort has been made to utilise the limited time available.

The short period of comparative stability which had resulted from the recruitment of a Deputy Medical Officer of Health came to an end when Dr. J. Carroll was successful in his application for the post of Medical Officer of Health at Preston, the Local Authority from which he had come to Southport. His departure early in November resulted in discontinuation of some of the clinical work he had undertaken, the transfer of the remainder and the absorption of his other responsibilities by myself. As I have already mentioned Working Parties frequently required out of town work and on these occasions the burden of responsibility inevitably fell upon other members of the Health Department staff to whom I express my gratitude for their loyal support at a most difficult and demanding time.

The number of live births for the year shows a marked reduction on the previous two years and this perhaps reflects an increasing awareness of the need for family planning. Certainly the town's family planning clinics have had an extremely active year and have extended their services. Illegitimate births remain at a constant figure of 10% of the total. The declining birth rate corresponds to the national pattern. The infant mortality rate is precisely the same as the national figure for the year and the perinatal mortality rate is notably less than that for the nation as a whole.

In adults, again conforming to the national pattern of the three major causes of death were once again coronary heart disease (405 cases), cerebro-vascular disease (238 cases) and lung cancer (55 cases). It is clearly established that coronary heart disease is mainly a disease of males until middle life, but after the menopause females are increasingly subject to it, probably due to a decrease in circulating hormones which accompanies the change of life. After the age of 70, female deaths due to this cause predominate, due to the shorter life span of the male; this latter comment also applies in cerebro-vascular disease. It must be emphasised that in two of these major causes of death there is a well

established relationship with the smoking of cigarettes. Coronary heart disease is certainly associated with other factors such as excess weight, high blood pressure, lack of exercise and certain blood changes in addition to smoking, but cancer of the lung and indeed cancer of other parts of the body can be laid directly at the door of cigarette smoking. Other diseases such as bronchitis are made infinitely worse by cigarette smoking. It is very difficult indeed to get this message through to the public and particularly to children and adolescents. Considerably more effective health education is clearly needed and this means the allocation of more resources for the purpose. Massive publicity through all effective media is the only answer to the various sophisticated forms of advertising employed by the tobacco companies.

Southport has as its motto *Salus Populi*, most justifiable in my opinion. In common with many other pleasant coastal resorts this town attracts many people in their retirement to make this their home. Southport has thus quite a considerable elderly population which does not decrease.

The structure of the population over age 65 merits a little further consideration and here I refer to the 1961 census figures because these are the most recent ones available in this detail.

Age Group (years)	Census 1961	
	Male	Female
65 — 69	2072	3476
70 — 74	1564	3077
75 — 79	1027	2238
80 — 84	536	1441
85 — 89	191	555
90 — 94	46	139
95 & over	3	28

There is no reason to believe that the 1972 figures would differ greatly from this. It is evident that we not only have many residents over pensionable age but that many of these are in the considerably more elderly age groups. An unknown number are living alone and without support. In many instances they become known to this department or to the Social Services Department only when there is a breakdown in health or the onset of a disability. It is occasionally necessary to use the powers contained in Section 47 of the National Assistance Act in order to move an incapacitated elderly person living alone and without support to a hospital where treatment and continuous nursing care can be given.

The provision of medical, nursing and social services in seaside resorts can be and frequently is a problem because of the influx of elderly people and this is often the subject of public commentary by organisations such as Age Concern whose advice to people approaching retirement is to investigate facilities in a locality before making their home there. Some elderly couples decide upon a caravan home in towns where permanent sites are provided, only to discover that they cannot tolerate life in a caravan under winter conditions. There then often arises a problem of re-housing. Hospital beds for the elderly chronic sick and disabled never appear to be adequate for the demand and in Southport the 21 registered nursing homes cater almost exclusively for elderly persons who need nursing care. Our local nursing homes provide more than 300 beds without which the geriatric bed provision would be under very grave pressure indeed. In concluding this section of my report the impression formed during my relatively short period of residence in the town is that it is an extremely healthy resort in which to live. The longevity of its many senior citizens must relate to the very favourable climate we enjoy and the absence of air pollutants and fog must play a part. There is much evidence accumulating which now establishes a relationship between the incidence of heart disease and softness of water supplies. Southport's water supply is hard and so we are fortunate in having drinking water of this nature.

During the year the building of the Churchtown Health Centre proceeded satisfactorily and by the end of the year the centre was ready to become operational. Some minor problems such as delay in the delivery of items of furniture were encountered, but neither these nor the earlier industrial action in the building trades brought about any ultimate delay in completion of the contract. The transfer of the practices from the surgeries to the Health Centre should be accomplished early next year.

Once again a very active immunisation programme was completed during the year. The campaign for the protection of all girls aged 11 to 14 from rubella was approaching completion and by the end of the year it was expected to become a routine procedure for all girls on reaching 11 years of age. In March the Department of Health and Social Security authorised local authorities to extend this vaccination to certain categories of adult women who were at high risk of exposure to the disease and who could contract it or transmit it to others. The categories included doctors, nurses, all female staffs working in schools and nurseries and in addition any women of child bearing age specifically asking for this protection. All eligible persons were contacted and a blood sample was taken for laboratory examination from each consenting person. Where no existing antibody protection was found, and this occurs in 20% of all adult women, vaccination was carried out. Thus a determined effort is being made to eliminate a preventable source of damage to the unborn baby. The acceptance of measles vaccination continues to present a problem both nationally and locally. As mentioned elsewhere in the report 241 cases of measles were notified during the year. If this number of children in our population continues to be vulnerable each year there is no prospect in the immediate future of eradication of the disease. It is once again necessary to say that measles could be eradicated and that its continuation is our own fault.

In March a campaign was launched to publicise the cervical cytology service provided by this Department. This service is a screening procedure which not only protects possible pre-cancerous conditions of the female internal organs, but also brings to light quite a number of other conditions needing treatment which are referred to the family doctor. Women were circularised at their place of work and the local newspaper very kindly gave first class publicity. The response was most gratifying as can be seen in the cytology section of the report. The number of clinics held rose from 12 in 1971 to 43 in 1972. The number of attenders was 735 (123 in 1971). It is hoped that this service will continue to be extended.

Health education once again had a very active year. Health Visitors give a highly individual person to person service to members of the public in the home, in surgeries and in clinics. Their work is invaluable and could not be undertaken without their expertise. Again members of the Department gave talks to various organisations and showed a number of health education films. No request for a speaker is ever turned down. I should like to pay a tribute to our local newspaper, the Southport Visiter, who have always given excellent coverage to any health education topic when asked. This is a most valuable means of circulating health information to the local population. The truths contained in health education articles are often unpalatable to the recipients for whom they are intended. The annoyance generated by comments on the undesirability of cigarette smoking is a good illustration of this.

I should like to express my gratitude to the members of the Council who have taken a keen interest in the work undertaken on behalf of the health, education and other committees and for the support I have received. My thanks are also due to the Town Clerk and other Heads of Departments for the considerable amount of helpful advice they have given. In conclusion my very great gratitude to the staff of the Health Department who, during a year of increasing uncertainty and anxiety, have carried out their duties most loyally and efficiently.

I am,

Yours faithfully,

P. W. LANG

Medical Officer of Health.

Section I



STATISTICS

GENERAL STATISTICS

								1971	1972
Area of County Borough (including Foreshore) (acres)	...	...	...	...	...	...	...	18,333	18,333
Area of County Borough (excluding Foreshore) (acres)	...	...	...	...	...	...	...	9,426	9,426
Population (1971 Census Report)	...	...	...	...	...	...	...	84,349	84,349
Population (estimated by the Registrar General) mid-year	...	...	...	...	...	...	...	84,870	85,250
Density of Population per acre (excluding Foreshore)	...	...	...	...	...	...	...	9.00	9.04

VITAL STATISTICS

Live Births Legitimate	...	...	...	...	...	...	...	958	829
Illegitimate	...	...	...	...	...	...	...	108	88
								<hr/>	<hr/>
Total	...	...	...	...	...	...	...	1,066	917
								<hr/>	<hr/>
Males	...	...	...	...	...	...	...	541	464
Females	...	...	...	...	...	...	...	525	453
								<hr/>	<hr/>
Total	...	...	...	...	...	...	...	1,066	917
								<hr/>	<hr/>
Rate per 1,000 population	...	...	...	...	...	...	...	12.6	10.8
Adjusted Birth Rate per 1,000 population	...	...	...	...	...	...	...	15.1	13.4
(area comparability factor)	...	...	...	...	...	...	...	(1.20)	(1.24)
Birth Rate for England and Wales	...	...	...	...	...	...	...	16.0	14.8
Illegitimate Live Births per cent of total live births	...	...	...	...	...	...	...	10%	10%
Stillbirths Number	...	...	...	...	...	...	...	11	9
Rate per 1,000 total live and stillbirths	...	...	...	...	...	...	...	10	10
Total live and stillbirths	...	...	...	...	...	...	...	1,077	926
Infant Deaths (under 1 year)	...	...	...	...	...	...	...	24	16
Infant Mortality Rates:									
Total Infant Deaths per 1,000 total live births	...	...	...	...	...	...	...	23	17
Legitimate Infant Deaths per 1,000 legitimate live births	...	...	...	...	...	...	...	24	18
Illegitimate Infant Deaths per 1,000 illegitimate live births	...	...	...	...	...	...	...	9	11
Infant Mortality Rate per 1,000 births for England and Wales	...	...	...	...	...	...	...	18	17
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	...	...	17	10
do. England and Wales	...	...	...	...	...	...	...	12	12
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	...	14	10
do. England and Wales	...	...	...	...	...	...	...	10	10
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	...	...	...	...	...	...	24	19
do. England and Wales	...	...	...	...	...	...	...	22	22
Maternal Mortality (including abortion)									
Number of Deaths	...	...	...	...	...	...	...	none	none
Rate per 1,000 total live and stillbirths	...	...	...	...	...	...	...	—	—
Deaths of Infants under 1 day old	...	...	...	...	...	...	...	11	5
Year 1971	1971	1972							
Deaths Males	652	654	} ...	...	...	...	...	1,423	1,478
Females	771	824		...	...	...	...
Rate per 1,000 population	...	...	...	...	...	...	...	16.8	17.3
Adjusted death rate per 1,000 population	...	...	...	...	...	...	...	10.9	11.6
(area comparability factor)	...	...	...	...	...	...	...	(0.65)	(0.67)
Death Rate for England and Wales	...	...	...	...	...	...	...	11.6	12.1
Excess of Deaths over Registered Births	...	...	...	...	...	...	...	357	561

VITAL STATISTICS

Comparison of Birth, Death and Infant Mortality Rates for England, Wales and Southport
for Period 1891 to 1972

PERIOD	BIRTH RATE (per 1,000 population)		DEATH RATE (per 1,000 population)		INFANT MORTALITY RATE (per 1,000 live births)	
	England & Wales	Southport	England & Wales	Southport	England & Wales	Southport
1891—1900	29.9	22.31	18.2	17.23	153	143
1901—1910	27.2	17.49	15.4	14.43	128	121
1911—1920	21.8	13.95	14.4	13.86	100	84
1921—1930	18.3	12.71	12.1	12.66	72	65
1931—1940	14.9	10.30	12.3	15.07	59	56
1941—1950	16.9	12.68	12.4	15.59	43	39
1951—1960	15.8	13.07	11.6	12.58	24.79	28.8
1961	17.4	15.11	12.0	13.34	21.4	17
1962	18.0	14.86	11.9	12.69	20.7	20.7
1963	18.2	16.40	12.2	13.12	20.9	25.4
1964	18.4	16.55	11.3	12.76	20.0	19.0
1965	18.1	16.48	11.5	11.72	19.0	22.8
1966	17.7	16.85	11.7	12.23	19.0	24.0
1967	17.2	17.09	11.2	12.44	18.3	12.3
1968	16.9	17.12	11.9	13.53	18.0	24.5
1969	16.3	16.00	11.9	12.7	18.0	20.0
1970	16.0	15.00	11.7	11.6	18.0	14.0
1971	16.0	15.10	11.6	10.9	18.0	23.0
1972	14.8	13.40	12.1	11.6	17.0	17.0

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH, 1972

CAUSES OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks under 1 yr.	Age in Years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 +
B5 Tuberculosis of Respiratory System	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
B19(1) Malignant Neoplasm— Buccal Cavity etc.	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	—	1	—	—	1
B19(2) Malignant Neoplasm— Oesophagus	M	5	—	—	—	—	—	—	—	—	—	4	1
	F	7	—	—	—	—	—	—	—	—	1	2	4
B19(3) Malignant Neoplasm— Stomach	M	11	—	—	—	—	—	—	1	—	2	3	5
	F	14	—	—	—	—	—	—	—	3	1	5	5
B19(4) Malignant Neoplasm— Intestine	M	18	—	—	—	—	—	1	—	—	2	8	7
	F	27	—	—	—	—	—	—	—	5	3	7	12
B19(5) Malignant Neoplasm— Larynx	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
B19(6) Malignant Neoplasm— Lung. Bronchus	M	43	—	—	—	—	—	—	—	2	13	22	6
	F	12	—	—	—	—	—	—	—	1	5	4	2
B19(7) Malignant Neoplasm— Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	26	—	—	—	—	—	—	1	—	3	14	8
B19(8) Malignant Neoplasm— Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	—	1	2	1	1
B19(9) Malignant Neoplasm— Prostate	M	12	—	—	—	—	—	—	—	1	1	1	9
	F	—	—	—	—	—	—	—	—	—	—	—	—
B19(10) Leukaemia	M	4	—	—	—	1	1	—	—	—	1	—	1
	F	6	—	—	—	—	—	—	—	2	—	2	2
B19(11) Other Malignant... .. Neoplasms	M	26	—	—	—	1	—	—	1	2	6	10	6
	F	34	—	—	—	1	—	—	2	4	7	8	12
B20 Benign and Unspecified Neoplasms	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
B21 Diabetes Mellitus	M	6	—	—	—	—	—	—	—	—	2	1	3
	F	15	—	—	—	—	—	—	—	—	—	8	7
B22 Avitaminoses, etc.	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
B23 Aneamias	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	—	—	—	—	—	1	5
B46(3) Mental Disorders	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	5	—	—	—	—	—	—	—	—	1	—	4
B24 Meningitis	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
B46(4) Multiple Sclerosis	M	1	—	—	—	—	—	1	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	2	1	—
B46(5) Other Diseases of Nervous System	M	5	—	—	—	—	—	—	—	—	—	4	1
	F	5	—	—	—	—	—	—	—	1	—	1	3
B26 Chronic Rheumatic Heart Disease	M	3	—	—	—	—	—	—	—	—	1	1	1
	F	11	—	—	—	—	—	—	—	1	2	4	4
B27 Hypertensive Disease	M	11	—	—	—	—	—	—	—	1	3	4	3
	F	14	—	—	—	—	—	—	—	1	1	4	8
B28 Ischaemic Heart Disease	M	210	—	—	—	—	—	—	2	23	47	69	69
	F	195	—	—	—	—	—	—	—	3	20	52	120

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATHS, 1972—continued

CAUSES OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks under 1 yr.	Age in Years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 +
B29 Other forms of Heart Disease	M	35	—	—	—	—	—	—	—	—	5	9	21
	F	62	—	—	—	—	—	—	—	1	1	12	48
B30 Cerebrovascular Disease ...	M	76	—	—	—	—	—	—	—	1	10	21	44
	F	162	—	—	—	—	—	—	1	—	6	31	124
B46(6) Other Diseases of Circula- tory System	M	27	—	—	—	—	—	—	—	—	3	9	15
	F	45	—	—	—	—	—	—	—	2	3	5	35
B31 Influenza	M	3	—	1	—	—	—	—	—	1	—	—	1
	F	3	—	—	—	—	—	—	—	—	1	1	1
B32 Pneumonia	M	34	—	1	—	—	—	—	—	—	1	13	19
	F	34	—	—	1	—	—	—	—	—	1	6	26
B33(1) Bronchitis and Emphysema	M	51	—	—	—	—	—	—	—	1	5	25	20
	F	22	—	—	1	—	1	—	—	—	1	7	12
B33(2) Asthma	M	1	—	—	—	—	—	1	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
B46(7) Other Diseases of the Respiratory System	M	6	—	1	—	—	—	—	—	—	—	3	2
	F	10	—	1	—	—	—	—	—	—	—	2	7
B34 Peptic Ulcer	M	5	—	—	—	—	—	—	—	1	3	—	1
	F	4	—	—	—	—	—	—	—	—	1	1	2
B36 Intestinal Obstruction and Hernia... ..	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	—	—	—	1	2
B46(8) Other Diseases of Digestive System	M	4	—	—	—	—	—	—	—	—	2	2	—
	F	13	—	—	—	—	—	1	—	—	1	7	4
B38 Nephritis and Nephrosis ...	M	4	—	—	—	—	—	—	—	—	—	1	3
	F	4	—	—	—	—	—	—	—	—	1	—	3
B39 Hyperplasia of Prostate ...	M	5	—	—	—	—	—	—	—	—	—	1	4
B46(9) Other Diseases of Genito— Urinary System	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	5	—	—	—	—	—	—	1	—	1	1	2
B46(10) Diseases of Skin, Sub- cutaneous Tissue	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	1	—	—	—	—	1
B46(11) Diseases of Musculo- Skeletal System	M	2	—	—	—	—	—	—	—	—	—	—	2
	F	5	—	—	—	—	—	—	—	—	—	2	3
B42 Congenital Anomalies ...	M	5	3	—	1	—	—	—	—	1	—	—	—
	F	2	—	1	—	—	—	—	—	—	—	1	—
B43 Birth Injury, Difficult Labour etc.	M	1	1	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—
B44 Other Causes of Perinatal Mortality	M	4	4	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill Defined Conditions	M	5	—	2	—	—	—	—	—	—	—	—	3
	F	10	—	—	—	—	—	—	—	—	—	—	10
BE47 Motor Vehicle Accidents ...	M	11	—	—	1	—	4	1	1	—	—	1	3
	F	5	—	—	—	—	—	—	—	1	—	1	3
BE48 All Other Accidents ...	M	7	—	—	—	—	1	—	—	—	1	5	—
	F	31	—	—	2	—	—	1	—	1	—	5	22
BE49 Suicide and Self Inflicted Injuries	M	2	—	—	—	—	—	—	—	1	—	1	—
	F	5	—	—	—	—	—	1	—	—	1	2	1
BE50 All other External Causes ...	M	4	—	—	—	—	—	—	—	—	1	2	1
	F	5	—	—	—	—	—	—	—	—	1	4	—
TOTAL ALL CAUSES	M	654	8	5	2	2	6	4	5	35	110	221	256
	F	824	1	2	4	1	1	4	5	28	68	203	507

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES

CAUSE OF DEATH	1971		1972	
	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	600	42.16	613	41.47
Cancer	267	18.76	254	17.19
Cerebrovascular disease	215	15.11	238	16.10
Respiratory Diseases	139	9.77	167	11.30
Violence, including suicide	61	4.29	61	4.13
All Other Causes	141	9.91	145	9.81
Totals ...	1423	100.00	1478	100.00

DEATHS DUE TO VIOLENCE, Year 1972

Classification	Male	Female	Totals
Motor Vehicle Accidents	11	5	16
All other accidents	7	31	38
Suicide	2	5	7
Totals	20	41	61

Age Groups	0—15 yrs.		15—65 yrs.		65 and over	
	M.	F.	M.	F.	M.	F.
Motor Vehicle Accidents	1	0	6	1	4	4
All other accidents	0	2	2	2	5	27
Suicide & self inflicted injuries ...	0	0	1	2	1	3
Totals	1	2	9	5	10	34

DEATHS

Numbers and Rates per 1,000 population and per 1,000 births—years 1963—1972

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	INFANTS						Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation
							Under One Year	Rate per 1,000 Births	Legiti- mate	Rate per 1,000 Legiti- mate Births	Illegiti- mate	Rate per 1,000 Illegiti- mate Births				
1963	80160	702	800	1502	18.74	13.12	29	26	28	27	1	13	10	0.12	—	—
1964	80080	641	819	1460	18.23	12.76	21	19	20	19	1	14	7	0.09	1	0.01
1965	79980	662	758	1420	17.76	11.72	25	23	20	20	5	55	3	0.04	1	0.01
1966	80000	636	803	1439	17.99	12.23	27	24	25	24	3	26	4	0.05	—	—
1967	79710	685	794	1479	18.56	12.44	14	12	12	11	2	18	1	0.01	—	—
1968	79940	699	915	1614	20.19	13.53	28	25	24	23	4	32	—	—	—	—
1969	79430	671	859	1530	19.3	12.7	21	20	20	21	1	9	—	—	—	—
1970	83000	640	848	1488	17.9	11.6	15	14	12	13	3	28	1	0.01	—	—
1971	84870	652	771	1423	16.8	10.9	24	23	23	24	1	9	—	—	—	—
1972	85250	654	824	1478	17.3	11.6	16	17	15	18	1	11	3	0.04	—	—

CANCER

Localisation of Disease and Number of Deaths for years 1963 to 1972

Site	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Stomach	24	33	26	33	24	30	21	25	27	25
Lung Bronchus	64 (Male 54) (Female 10)	45 (Male 33) (Female 12)	61 (Male 43) (Female 18)	52 (Male 42) (Female 10)	58 (Male 50) (Female 8)	55 (Male 49) (Female 6)	58 (Male 47) (Female 11)	51 (Male 32) (Female 19)	60 (Male 48) (Female 12)	55 (Male 43) (Female 12)
Breast	26	18	25	26	30	25	21	28	28	26
Uterus	9	7	10	8	12	11	14	11	6	5
Other Sites	112	122	118	121	118	129	120	134	142	133
Leukaemia	7	9	7	11	8	9	12	5	4	10
Total Deaths From Cancer	242	234	247	251	250	259	246	254	267	254
Total Deaths All Causes	1502	1460	1420	1439	1479	1614	1530	1488	1423	1478
% of Cancer Deaths	16.11	16.03	17.40	17.44	16.90	16.05	16.08	17.07	18.76	17.19

MATERNAL MORTALITY FOR YEARS 1963 TO 1972

Year	No. of Live Births	No. of Live and Stillbirths	MATERNAL DEATHS RATES PER 1,000 LIVE AND STILLBIRTHS					
			Sepsis		Other Causes		Total	
			No.	Rate	No.	Rate	No.	Rate
1963	1096	1116	—	—	—	—	—	—
1964	1105	1129	—	—	1	0.88	1	0.88
1965	1098	1117	—	—	—	—	—	—
1966	1124	1151	—	—	—	—	—	—
1967	1135	1154	—	—	—	—	—	—
1968	1141	1154	—	—	1	0.90	1	0.90
1969	1056	1071	—	—	—	—	—	—
1970	1037	1051	—	—	—	—	—	—
1971	1066	1077	—	—	—	—	—	—
1972	917	926	—	—	—	—	—	—

PREMATURE BIRTHS FOR YEAR 1972

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL BIRTHS	
	Born in hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births (1)	Died			Total births (5)	Died			Total births (9)	Died			In hospital (13)	at home or in a nursing home (14)
		within 24 hours of birth (2)	In 1 and under 7 days (3)	in 7 and under 28 days (4)		within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)		within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)		
2 lb 3 oz or less	1	1	—	—	—	—	—	—	—	—	—	—	1	—
Over 2 lb 3 oz. up to and including 3 lb. 4 oz.	5	2	—	—	—	—	—	—	—	—	—	—	1	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	15	1	2	—	—	—	—	—	1	—	—	—	2	—
Over 4 lb 6 oz. up to and including 4 lb. 15 oz.	5	1	—	—	—	—	—	—	—	—	—	—	1	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	24	—	—	—	—	—	—	—	—	—	—	—	1	—
Totals	50	5	2	—	—	—	—	—	1	—	—	—	6	1

INFANT MORTALITY
Number of Deaths from Stated Causes at Various Periods
Under 1 Year of Age for Year 1972

CAUSE OF DEATH	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7-13 days	14-20 days	21-28 days	28 days -2 mths.	2 mths. mths.	3 mths. mths.	4 mths. mths.	5 mths. mths.	6 mths. mths.	7 mths. mths.	8 mths. mths.	9 mths. mths.	10 mths. mths.	11 mths. mths.	Total under 1 year
Atelectasis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Congenital Abnormalities	2	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	4
Prematurity	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Respiratory Failure	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	3
Sudden death	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2
Others	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	5	1	—	1	2	—	—	—	—	—	—	1	3	—	1	—	—	1	—	—	—	15

CONGENITAL MALFORMATIONS

During the year, 10 cases of congenital malformations occurring in Southport children were reported, 6 males and 4 females. Of these 1 male was stillborn, 2 males and 1 female died.

The classification of these cases is shown below:—

					LIVE		STILLBORN		DEATHS	
					M	F	M	F	M	F
CENTRAL NERVOUS SYSTEM										
Hydrocephalus	...	...	...	...	1	—	—	—	1	—
Anencephalus	...	...	...	...	1	—	1	—	1	—
Spina Bifida	...	...	...	...	1	1	—	—	—	—
LIMBS										
Talipes	...	...	...	...	1	—	—	—	—	—
Reduction deformity of leg			...	...	—	1	—	—	—	—
ALIMENTARY SYSTEM										
Cleft Palate	...	...	...	...	—	1	—	—	—	—
RESPIRATORY SYSTEM										
Abnormality of Thorax	...	...	...		1	—	—	—	—	—
MUSCULO-SKELETAL SYSTEM										
Osteogenesis Imperfecta	...	...	...		—	1	—	—	—	1
TOTALS					5	4	1	—	2	1

Section II

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

Ante-Natal Services are provided either at the Christiana Hartley Maternity Hospital or in Family Doctor's surgeries. Most expectant mothers now prefer to have their babies in hospital. Because the number of beds in local maternity hospitals is limited, the early discharge of mothers and their babies from hospital is becoming the accepted practice. The number of mothers discharged before the tenth day in 1972 was 853 as compared with 944 during 1971.

Maternity outfits are supplied free of cost to those mothers who elect to have their babies at home.

Post-Natal Care

All mothers who have not made arrangements to be examined by their own doctors are invited to attend the Post-Natal Clinic which is held each week at Christiana Hartley Maternity Hospital.

Physiotherapy

Physiotherapy classes including parentcraft for ante-natal patients were held throughout the year for expectant mothers and also for mothers attending the post-natal clinic.

Statistics for Year 1972

	Ante-Natal	Post-Natal
No. of women who attended for the first time during the year:		
St. Katharine's Maternity Hospital	157	340
Christiana Hartley Maternity Hospital	16	9
District cases	2	—
Born Elsewhere	8	3
Total No. of cases	183	352
No. of attendances during the year... ..	681	386
No. of sessions held by physiotherapists during the year ...	109	111

Care of Premature Infants

The decision as to whether a premature infant can be nursed satisfactorily in its own home lies with the doctor in attendance and if he considers that removal of the infant to one of the maternity hospitals is advisable, this step is carried out, the infant being removed in a special incubator which is available for the purpose. Special cots are also supplied on loan to mothers who are nursing their infants at home.

A close liaison is maintained between the Matrons of the lying-in-hospitals and the Director of Nursing Services in respect of premature births and before such an infant is discharged from the maternity hospital, the necessary information is passed on to the Director of Nursing Services who, with her staff, accepts responsibility for the care of the child after discharge under the general direction of the Family Doctor.

Frequent visits are made by one of the district health visitors until the infant reaches normal weight and after this stage the usual routine visits are made as in other cases.

Child Health Centres

There are seven Centres in the town and in addition to the normal work, each Centre distributes the dried milk and vitamin foods issued by the Department of Health. As in the past the ladies of the Voluntary Infant Welfare Committee provided clerical and other assistance at the Centres during 1972 and their efforts and enthusiasm contributed in no small measure to the success of the work.

The seven Child Health Centres are so situated that they provide a convenient service for mothers living in any part of the town.

One session each week is held at the Centres at Crossens, Derby Road and Cambridge Road and two sessions each week are held at the Centres at Hampton Road, Lincoln House, Poulton Road and Ainsdale.

It is the Council's policy to replace all temporary Child Health Centres by purpose-built Centres. The one still to be dealt with in this way is at present held in rented Church premises in Derby Road.

Statistics for Year 1972

	CHILD HEALTH CENTRE							TOTAL
	Marsh-side	Hamp-ton Road	Poul-ton Road	Lincoln House	Cros-sens	Derby Road	Ains-dale	
No. of children who attended during the year who have not attended previously this year:								
Born in 1972	79	161	107	123	79	147	110	806
1971	94	102	197	156	97	80	114	840
1967-70 ...	104	116	291	327	105	33	267	1,243
TOTALS	277	379	595	606	281	260	491	2,889
Total attendances during the year	2,233	3,256	3,386	2,892	1,942	2,453	2,394	18,527
No. of sessions during the year	52	101	101	101	51	50	97	553
Average attendances per session	43	32	33	28	—	—	25	33
No. of children referred for special treatment or advice as a result of a medical examination ...	36	37	37	36	24	17	4	192
No. of sessions by:								
Medical Officers ...	49	101	70	101	49	50	97	517
General Practitioners employed on sessional basis	—	—	—	—	—	—	—	—
Hospital Medical Staff	—	—	—	—	—	—	—	—
Health Visitors/School Nurses (with doctor)	110	221	191	195	112	121	221	1,192
Health Visitors (without doctor)	3	—	31	—	2	—	—	36

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

Inspections and treatment are carried out during the normal school dental service sessions.

	Children 0-4 (incl.)	Expectant and Nursing Mothers
ATTENDANCES AND TREATMENT		
First visits	120	9
Subsequent visits	116	8
Total visits	236	17
Number of additional courses of treatment other than the first course commenced during year ...	39	—
Number of fillings	203	6
Teeth filled	194	5
Teeth extracted	105	6
General anaesthetics given	49	2
Emergency visits by patients	5	—
Patients X-Rayed	—	1
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	—	1
Teeth otherwise conserved	20	—
Number of courses of treatment completed during the year	146	6
PROSTHETICS		
Patients supplied with full upper or full lower dentures (first time)	—	—
Patients supplied with other dentures	—	—
Number of dentures supplied	—	—
General anaesthetics administered by Dental Officers	7	
INSPECTIONS		
Number of patients given first inspections during the year	308	10
Number of patients who required treatment	98	8
Number of patients who were offered treatment	98	8
Number of patients re-inspected during year... ..	166	—
SESSIONS		
Number of Dental Officer sessions devoted to Maternity and Child Welfare patients	80	

National Welfare Foods

Statistics for Year 1972

Quantities Sold	National Dried Milk	Vitamin Tablets	Vitamin Drops
	Packets	Containers	Bottles
HEALTH DEPARTMENT—			
Counter Issues	189	730	341
Issues to Day Nurseries	—	—	120
Total sales from Health Department	189	730	461
CHILD HEALTH CENTRE—			
Ainsdale	38	213	615
Lincoln House	53	147	511
Crossens	46	36	312
Poulton Road	50	111	464
Hampton Road	103	264	413
Marshside Road	25	141	407
Derby Road	92	29	252
Total sales from Child Health Centres	407	941	2,974
GRAND TOTALS	596	1,671	3,435

MIDWIFERY

Domiciliary Midwifery

Three full-time Midwives and one District Nurse/Midwife are employed. The number of home confinements continues to fall, and last year there were eighteen such births.

The Domiciliary Midwife is, however, responsible for ascertaining all expectant mothers and ensuring that they are receiving ante-natal care at a hospital, clinic doctor's surgery or at home.

She joins the Health Visitor in giving parentcraft teaching, and during the post-natal period cares for the mother and baby.

Statistics for Year 1972

No. of confinements attended by district midwives:	18
Premature Babies (5½ lb. or under)	
No. born at and being nursed at home	—
No. born at home and transferred to hospital	1
Stillbirths	1
TOTAL	2
No. of mothers delivered in hospitals and other institutions but discharged and attended by district midwives before tenth day ...	853
No. of home visits made by district midwives	3685

Midwives in Private Practice

There were no notifications of intention to practise on the district received during the year.

Maternity Nursing Homes—There were no deliveries in private nursing homes during the year.

Training for the Second Part of the Certificate of the Central Midwives Board

During the year, midwifery training of this kind was continued. The scheme is a combined one, operated by the Southport and District Hospital Management Committee and the Southport and Preston Local Authorities. Some of the students do their domiciliary training in Southport and some in Preston. The school has done well but there are certain inherent difficulties, one of which is the small number of Southport mothers who elect to have their babies at home.

COMMUNITY NURSING SERVICES

The Director of Nursing Services and 3 Nursing Officers are responsible to the Medical Officer of Health for the formulation of community nursing policy, the assessing of future needs of the service, and the standard of community nursing in the town.

Health Visiting

The present establishment consists of 4 School Nurses, 1 Tuberculosis Health Visitor, 16 Health Visitors/School Nurses and 2 Student Health Visitors, making a total of 23.

Health Visitors provide advisory and supportive services to the following groups of people, both in their own homes and in clinics.

1. Families with children under five years of age.
2. Families where there is a school-age child with physical, mental or emotional problems.
3. Families where there is a social or psychological problem.
4. Families where there is a physically handicapped person of any age.
5. Families where there is a member suffering from tuberculosis, and where advice on healthy living and the prevention of the spread of infection is given.
6. Families where there is a person over 65 years of age needing medico/social advice.

The Health Visitor is also concerned with:—

School Nursing where she has responsibility to act as health advisor to parents, teachers and pupils.

Health Education where teaching is carried out in clinics, schools, and clubs. School girls are tutored for the Child Care Examination of the National Association for Maternal and Child Welfare at four Senior Schools.

Health Visitors are becoming more involved in working with General Practitioners, and reorganisation of the service is under discussion to allow for the attachment of Health Visitors to groups of General Practitioners.

Statistics for year 1972

HOME VISITS										
Expectant Mothers	...	...	...	...	...	...	...	...	...	578
Children under 5 years	...	...	...	...	...	...	...	...	...	15,457
Adults (excluding expectant mothers and tuberculosis)										
Under 65	...	...	...	...	...	...	...	...	...	1,236
65 and over	...	...	...	...	...	...	...	...	...	8,035
Others	...	...	...	...	...	...	...	...	...	2,006
Total No. of effective visits made by Health Visitors/School Nurses										27,312

Sessions attended by Health Visitors and Nurses									No. of Sessions
Local Health Authority									
Child Health Centres	...	...	...	...	...	...	...	...	1,207
Miscellaneous	...	...	...	...	...	...	...	...	547
Health Education	...	...	...	...	...	...	...	...	158
B.C.G. and Heaf Testing	...	...	...	...	...	...	...	...	73
Mothers Evening Clubs	...	...	...	...	...	...	...	...	16
Hearing Tests	...	...	...	...	...	...	...	...	42
Cytology at Health Department	...	...	...	...	...	...	...	...	35
Hospitals									
Geriatric	...	...	...	...	...	...	...	...	182
Paediatric	...	...	...	...	...	...	...	...	93
Venereal Diseases	...	...	...	...	...	...	...	...	4
General Practitioners									
G.P's Surgeries	...	...	...	...	...	...	...	...	73
G.P's Cytology	...	...	...	...	...	...	...	...	35

Screening for Phenylketonuria by 'Guthrie' blood test.		
No. positive to screening Tests	Results of further investigation	
	Phenylketonuria confirmed	Phenylketonuria not confirmed
None	—	—

HOME NURSING

The prime duty of the home nurses is to give comprehensive nursing care to the sick in their own homes. He/she may also carry out treatments in the health centres, clinics or doctor's surgeries.

The present establishment consists of 1 Senior District Nurse, 20 State Registered Nurses, 8 State Enrolled Nurses and 3 Nursing Auxiliaries, making a total of 32.

Statistics for year 1972

Total no. of new patients visited during the year (i.e. patients who have not been previously visited this year)	3,484
No. of patients who were aged:	
under 5 years at time of first visit this year	86
over 65 years at time of first visit this year	2,297
Total no. of visits made by nurses during the year	89,521

Injection Clinics 1972

	Local Authority Premises					Doctors' Surgeries			
	Poulton Road Child Health Centre	Crossens Child Health Centre	Hoghton Street	Lincoln House Child Health Centre	Hamp-ton Road Child Health Centre	66 Station Road	21 Station Road	2 Leam-ington Road	2 Leices-ter Street
No. Clinics ...	8	16	133	54	67	105	81	146	24
No. of attend-ances made by patients ...	23	59	2,601	213	277	138	152	574	78

GENERAL PRACTITIONER ATTACHMENT

Following the recommendation of the Department of Health and Social Security, the schemes for a closer working relationship between Health Visitors, District Nurses and General Practitioners are continuing to expand.

Health Visiting

Four Health Visitors, whilst retaining their geographical areas, are working within Group Practices.

Their duties include:—

- (a) Home visits.
- (b) Child Health Clinics at the Surgery.
- (c) Cytology Clinics.

Home Nursing

In an effort to obtain better liaison, Nurses are now working from individual General Practitioner case loads.

Their duties include:—

- (a) Home Nursing.
- (b) Injection Clinics.

Midwives

The three Domiciliary Midwives having again less bookings were mainly concerned with Maternity Nursing cases and Ante-Natal Clinics within Group Practices.

VACCINATION AND IMMUNISATION

During 1971 computerisation of part of the vaccination and immunisation scheme was commenced for all children born on or after the 1st of October 1971. This method is expected to produce a higher percentage of protected children in the town and in time it is hoped to extend these arrangements to other vaccination and immunisation records.

The new schedule, shown below, allows for immunisation to start at six months of age instead of three months as previously.

Because of instructions received from the Department of Health and Social Security in July 1971, vaccination against smallpox was discontinued as a routine procedure for all children. Those travelling abroad to endemic areas are of course still advised to be vaccinated.

Vaccination against measles which was introduced in 1968 continues to have a rather disappointing acceptance rate and leaves much room for improvement.

The response to German Measles (Rubella) vaccination which was introduced in 1970 continues to be excellent. All parents of 12 and 13 year old girls have had the opportunity of protecting their daughters before they become of child-bearing age. It is a fact that if an expectant mother in the first weeks of pregnancy catches German measles there is a strong possibility of the developing baby having some form of deformity. Most parents realise this danger and have shown a great deal of interest in vaccination. Next year and each ensuing year protection will be offered to 11 year old girls.

VACCINATION SCHEDULE

Recommended Age	Timing of Doses	Vaccine
During first year of life preferably commencing at 6 months.		Diphtheria / Tetanus / Whooping Cough and Oral Polio.
	8 weeks later	Diphtheria / Tetanus / Whooping Cough and Oral Polio.
	6 months later	Diphtheria / Tetanus / Whooping Cough and Oral Polio
During second year of life preferably at 15 months.	1 month after completion of above.	Measles.
At 4½ years or school entry.		Diphtheria / Tetanus and Oral Polio (Booster doses)
At 15 years or on leaving School.		Tetanus, Polio (Booster doses).

Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and German Measles

Type of vaccine or dose	Year of birth					Others under age 16	Total under age 16
	1972	1971	1970	1969	1965-68		
1 Quadruple:— Diph- theria, Whooping Cough, Tetanus and Poliomyelitis	—	—	—	—	—	—	—
2 Triple:— Diphtheria, Whooping Cough and Tetanus	17	599	137	12	16	6	787
3 Diphtheria/Whooping Cough	—	—	—	—	—	—	—
4 Diphtheria/Tetanus...	—	11	8	6	6	20	51
5 Diphtheria	—	—	—	—	—	—	—
6 Whooping Cough ...	—	—	—	—	—	—	—
7 Tetanus	—	—	—	—	—	3	3
8 Salk (Poliomyelitis) ...	—	—	—	—	—	—	—
9 Sabin (ditto Oral) ...	8	586	151	16	26	11	798
10 Measles	—	364	228	47	68	5	712
11 Rubella	—	—	—	—	—	848	848
12 Lines 1+2+3+4+5 (Diphtheria)	17	610	145	18	22	26	838
13 Lines 1+2+3+6 (Whooping cough) ...	17	599	137	12	16	6	787
14 Lines 1+2+4+7 (Tetanus)	17	610	145	18	22	29	841
15 Lines 1+8+9 (Polio)	8	536	151	16	26	11	798

Reinforcing Doses

Type of vaccine or dose	Year of birth					Others under age 16	Total under age 16
	1972	1971	1970	1969	1965-68		
1 Quadruple:—Diphtheria Whooping Cough, Tetanus and Poliomyelitis	—	—	—	—	—	—	—
2 Triple:—Diphtheria, Whooping Cough and Tetanus	—	4	11	2	135	4	156
3 Diphtheria/Whooping Cough	—	—	—	—	—	—	—
4 Diphtheria/Tetanus ...	—	—	1	2	508	14	525
5 Diphtheria	—	—	—	—	—	—	—
6 Whooping Cough ...	—	—	—	—	—	—	—
7 Tetanus	—	—	—	—	—	8	8
8 Salk (Poliomyelitis) ...	—	—	—	—	—	—	—
9 Sabin (Poliomyelitis—Oral)	—	4	11	5	626	107	753
10 Lines 1+2+3+4+5 (Diphtheria)	—	4	12	4	643	18	681
11 Lines 1+2+3+6 (Whooping cough) ...	—	4	11	2	135	4	156
12 Lines 1+2+4+7 (Tetanus)	—	4	12	4	643	26	689
13 Lines 1+8+9 (Polio)	—	4	11	5	626	107	753

AMBULANCE SERVICE

The Ambulance Service continues to be operated by the Fire Brigade under the direct control of the Fire and Ambulance Service Committee, although matters of policy are referred to the Health Committee and monthly information reports in respect of the Ambulance Service are submitted to that Committee.

The Chief Fire Officer is also the Chief Ambulance Officer. The Fire Brigade establishment is augmented by 19 men and 2 women in consequence of the Ambulance Service commitments, but all personnel of the Brigade take part in both fire and ambulance duties. The Service operates a fleet of 7 ambulances and 3 sitting case cars.

The Chief Officer, the Secretary of the Hospital Management Committee and his staff, meet periodically to solve mutual problems affecting the Service. These meetings, and good liaison with Family and Hospital Doctors have helped to keep up a satisfactory and efficient service.

Statistics for years 1968 to 1972

				1968	1969	1970	1971	1972
No. of patients				41,824	39,371	35,840	38,717	38,259
Other work				1,288	1,467	1,286	1,702	1,846
TOTALS				43,112	40,838	37,126	40,419	40,105
No. of miles				141,193	138,743	139,477	145,244	148,188

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

General

The general work done in regard to the prevention of illness, care and after-care is shown in the sections of this report dealing with the Health Visiting, and Tuberculosis Services.

Nursing Equipment

The following equipment is available on loan.

Air Rings	Electric Blanket
Backrests	Electric Page Turner
Bath rails	Elsan Closets
Bath Mats	Enuresis Alarms
Bath Seats	Fire Guards
Beds—Cardiac	Incontinence Pads and Liners
Beds—Hospital	Helping Hands
Beds—Ripple	Lifting Gear
Bed Cradles	Polythene Sheets
Bed Pans	Rollators
Bells	Spastic chair
Cantilever Table	Toilet Aids
Commodes	Urinals
Cot Sides	Walking Sticks
Crutches	Walking Frames
Dunlopillo mattresses	Wheelchairs

A small charge is made for the more expensive kinds of equipment but this charge may be reduced or cancelled in cases of hardship.

During 1972 nursing equipment was supplied to 1,364 patients.

Incontinence Pads

During 1972, 49,495 pads and 42,251 liners were supplied to patients. The pads are only supplied at the request of either the patient's own doctor, the district nurse or by one of the nurses responsible for the geriatric work. No charge is made to patients who are receiving supplementary pensions, but a charge of 50p per week is made to other patients; this charge may be reduced or cancelled where there is financial hardship.

The demand for these nursing aids reflects the fact that a large number of incontinent patients had to be looked after on the district and indicates the way in which a service of this kind can increase in a town like Southport.

The service has been of great help, both to the patients and relatives and also to the district nurses, and has made it possible for a number of these patients to be nursed at home when they would otherwise have had to have been admitted to hospital.

Chiropody for the Elderly

The chiropody service for the elderly continued to be provided by the Southport Old People's Welfare Committee as agents of the Local Health Authority. The service is available for Southport residents who are 60 years of age or over and who cannot afford to pay for private treatment. Those who are receiving supplementary pensions pay 15p per treatment; all other patients pay 25p for treatments at the clinic at 44 Hoghton Street and 30p for treatments in their own homes or in institutions. Home treatments are only provided for patients when there is some evidence to confirm that the person concerned is not able to come to the clinic.

The clinic session at 44 Hoghton Street are held on Mondays, Tuesdays, Wednesdays and Thursdays and chiropodists are on duty during the mornings and afternoons, but owing to inability to appoint a full-time chiropodist no patients were treated in their own homes during the year.

Statistics for years 1971 and 1972

	Year 1971	Year 1972
No. of clinics held	416	453
No. of treatments for patients at 44 Hoghton Street ...	3,578	3,768
Average No. of treatments per clinic session	8·6	8·3

Chiropody for Expectant Mothers and Handicapped Persons

The arrangements continued throughout the year whereby expectant mothers and handicapped persons in need of chiropody treatment and unable to afford to go to a private chiropodist, could be referred to Mr. W. Rogans who is also responsible for the School Health Service Chiropody Clinic.

During 1972, 12 physically handicapped persons made 91 attendances at Mr. Rogans clinic. No expectant mothers were referred during the year.

Co-operation with Hospitals

Throughout the year, the medical social workers of the local hospitals continued to refer the names of patients to the Health Department where the services of a district nurse or health visitors seemed to be required.

The members of the health visitors staff attended certain hospital clinics and these arrangements have formed an invaluable link between the hospital service and the home visiting. The hospital clinics concerned are as follows:—

Mothercraft classes held at Christiana Hartley Maternity Hospital.

Geriatric clinic held at the Promenade Hospital.

Paediatric clinic held at the Southport Infirmary.

V.D. clinic held at the Southport Infirmary.

Tuberculosis (Patients) clinic held at the Southport Infirmary.

By arrangement with the Liverpool Regional Hospital Board, Dr. Leeming, the Consultant Chest Physician, gave part of his time to preventive medical work in connection with tuberculosis.

The Medical Officer of Health and the Deputy Medical Officer of Health are members of the Medical Advisory Board to the local Hospital Management Committee.

Cervical Cytology

During 1972, 43 Clinics were held by the Local Authority; 735 women attended and 735 smears were submitted for testing. Of these 4 proved to be positive, 6 were doubtful positives requiring re-testing and 75 women needed treatment for other conditions.

At the Family Planning Association's Clinic in Ash Street 1,370 smears were taken and of these 3 were found to be positive and 116 women needed treatment for other conditions.

Family Doctors sent 346 smears to the Department for examination by the consultant pathologist.

Section III

CONTROL OF INFECTIOUS DISEASE

TUBERCULOSIS

New Cases and Mortality

The number of new cases of tuberculosis which came to the notice of the Department during the year was 19, 17 of these were found to be suffering from pulmonary disease. Two of the cases were found from death returns to have had tuberculosis but they had not attended the clinic.

Treatment Clinic

The Southport and District Hospital Management Committee is responsible for the organisation and administration of the tuberculosis treatment clinics.

The 19 new cases came to the notice of the Clinic in the following ways:—

By primary notifications	...	...	...	...	...	...	13
By transfers from other areas	...	...	...	...	...	...	4
Death Returns	...	...	...	...	...	...	2
Total							19

The 13 patients for whom primary notifications were received and all patients transferred from other areas were seen at the treatment clinic which is held at the Southport Infirmary. The total number of cases on the clinic register at the end of 1972 was 97, and 8 of these patients were found to have sputum containing tubercle bacilli. During the year, 51 treatment clinics were held and 172 visits were made by patients. One patient, who was already known to the clinic, died.

Statistics for Year 1972

Age Periods (in years)	No. of New Patients				No. of deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
2 to 5	1	2	—	1	—	—	—	—
6 to 15	—	1	—	—	—	—	—	—
16 to 25	1	2	—	—	—	—	—	—
26 to 45	2	1	—	1	—	—	—	—
46 to 65	4	1	—	—	—	—	—	—
66 to 75	—	—	—	—	1	—	—	—
76 and over	—	—	—	—	—	2	—	—
TOTALS	8	7	—	2	1	2	—	—

Statistics for Years 1963 to 1972

Year	No. of New Patients		No. of Deaths	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1963	31	1	10	1
1964	22	2	7	1
1965	19	1	3	—
1966	20	2	4	—
1967	19	5	1	—
1968	9	3	—	—
1969	12	4	—	—
1970	17	2	1	—
1971	9	—	—	—
1972	15	2	3	—

Contacts

During the year 183 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 117. 2 contacts were found to be suffering from tuberculosis in 1972.

Domiciliary Visiting

A Health Visitor is employed by the Local Health Authority for the purpose of visiting cases in their own homes to give help and advice to patients and their families.

The following were the number of home visits made by this Health Visitor during the year:—

Tuberculous patients	...	...	...	...	...	38
To contacts of tuberculous patients	...	...	...	...	...	13
To other chest Patients	...	...	...	...	...	3
Total Visits						54

In addition, the Health Visitor also attends at the tuberculosis treatment and contact clinics and this arrangement is very satisfactory as it provides a useful link between the Hospital Service and the Local Health Authority Service.

During 1972, the Health Visitor made 4 attendances at the tuberculosis clinics.

Immigration

18 immigrants coming to live in Southport were notified to the Local Authority by Port Health Authorities.

14 of these were successfully visited by the Tuberculosis Health Visitor, who arranged for them to have chest X-rays, where necessary, and advised them regarding health matters generally. Of the remainder, 3 had moved on to other towns before they could be contacted and of the other one there was no trace.

Housing

The Points Scheme which is used for the purpose of selecting tenants for Corporation houses, makes special provision for tuberculous patients. Additional points are awarded when either the applicant or his wife, or any of their children, are known to be suffering from infectious tuberculosis. This concession is of benefit to those cases where improved housing accommodation is essential for the patient and his or her family.

Voluntary Tuberculosis Care Committee

The Southport Voluntary Tuberculosis Care Committee continued as in previous years to provide patients and their families with financial and other assistance. The Committee forms an essential part of the general scheme for tuberculous patients and all the medical and nursing staff who are engaged in this service are members of the organisation. The Tuberculosis Health Visitor in the Health Department acts as Hon. Case Secretary and the Chief Clerk undertakes the duties of Hon. Secretary and Treasurer.

During 1972 the Care Committee provided considerable financial and other assistance to patients and their families.

B.C.G. Vaccination against Tuberculosis
Statistics for Years 1963 to 1972

Year	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
No. Vaccinated: At B.C.G. Clinics	35	28	23	30	27	26	8	22	19	23
Babies seen by the Consultant Paedia- trician	20	37	18	14	15	17	20	19	13	14
School Children ...	716	728	710	739	749	727	803	774	832	883
TOTALS	771	793	751	783	791	770	831	815	864	920

TUBERCULOSIS

Treatment Clinic—Statistics for years 1968 to 1972

	1968			1969			1970			1971			1972		
	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total
1. No. of patients on register at beginning of year	111	7	118	103	10	113	93	12	105	100	10	110	95	10	105
2. No. of patients added during the year:															
(a) primary notifications of new cases	6	3	9	9	2	11	12	1	13	4	—	4	12	1	13
(b) transfers from other areas	3	—	3	4	—	4	5	1	6	5	—	5	3	1	4
(c) lost sight of cases returned	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
TOTALS (1)	120	10	130	117	12	129	110	14	124	109	10	119	110	12	122
3. No. of patients deleted during the year:															
(a) died (from Tuberculosis)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
(b) transferred to other areas	4	—	4	2	—	2	4	—	4	4	—	4	1	—	1
(c) recovered	5	—	5	20	—	20	1	4	5	6	—	6	18	3	21
(d) lost sight of or refused further assistance	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
(e) tuberculosis not primary cause of death	7	—	7	2	—	2	4	—	4	4	—	4	2	—	2
TOTALS (2)	17	—	17	24	—	24	10	4	14	14	—	14	22	3	25
4. No. of patients on register at the end of year (i.e., totals (1) less totals (2) ...	103	10	113	93	12	105	100	10	110	95	10	105	88	9	97
5. Summary of new patients found during the year:															
(a) Primary notification of new cases	6	3	9	9	2	11	12	1	13	4	—	4	12	1	13
(b) Transfers from other areas	3	—	3	4	—	4	5	1	6	5	—	5	3	1	4
(c) Patients found from death returns (figures not included in items (1) to (4) above)	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
(d) Lost sight of cases returned	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
TOTALS	9	3	12	14	2	16	17	2	19	9	2	9	17	2	19

VENEREAL DISEASES

An important feature of the prevention and treatment of venereal disease is the work which is done to ensure that patients attend for treatment at regular periods. So far as the female patients are concerned, this follow-up work is done by one of the Health Visitors; this Health Visitor is also present at the V.D. Clinic when patients are being seen by the Consultant Physician, and the arrangement is of great value in maintaining a close liaison between the district and clinic work.

As there is no suitable person on the staff of the Health Department to deal with the follow-up of male patients, an arrangement has been made with the Southport and District Hospital Management Committee for the male nurse at the V.D. Clinic to undertake these duties during his off-duty time on a repayment basis, and due to his efforts the number of male defaulters has been reduced to a minimum.

Statistics for Years 1963 to 1972

YEAR					No. of patients and attendances at clinics					
					SYPHILIS				GONORRHOEA	
					Number of new cases during the year			Total number of attendances during year	Number of new cases during the year	Total No. of attendances during year
					Congenital	Others	Total			
1963	...	...	...	...	—	4	4	1105	16	117
1964	...	...	...	...	1	3	4	611	27	143
1965	...	...	...	...	1	1	2	263	22	110
1966	...	...	...	...	—	3	3	148	14	72
1967	...	...	...	...	—	7	7	113	13	50
1968	...	...	...	...	—	—	—	94	27	117
1969	...	...	...	...	—	2	2	55	49	156
1970	...	...	...	...	—	4	4	107	63	286
1971	...	...	...	...	—	—	—	64	41	152
1972	...	...	...	...	—	1	1	35	36	131

INFECTIOUS DISEASES

Number of Notified Cases for the years 1968 to 1972

Notifiable Disease	1968	1969	1970	1971	1972
Dysentery	1	2	—	19	1
Encephalitis	—	—	—	—	—
Food Poisoning	1	3	6	3	3
Infective Jaundice	3	27	20	16	10
Malaria	—	—	2	—	—
Measles	519	167	108	124	241
Meningitis	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—
Poliomyelitis	—	—	1	—	—
Scarlet Fever	64	23	10	3	3
Tuberculosis	9	11	12	6	15
Typhoid Fever	—	—	—	—	—
Whooping Cough	37	1	11	16	1
TOTALS	634	234	170	187	274

Number of Notified Cases for 1972 in Age Groups

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED AGES IN YEARS							
	At All Ages	Un- der 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 Up- wards
Dysentery	1	—	—	—	1	—	—	—
Food Poisoning	3	1	—	1	—	—	1	—
Measles	241	3	92	138	6	2	—	—
Scarlet Fever	3	—	2	1	—	—	—	—
Tuberculosis	15	—	—	4	3	2	4	2
Whooping Cough	1	—	—	1	—	—	—	—
Infective Jaundice	10	—	—	2	2	5	1	—
TOTALS	274	4	94	147	12	9	6	2

Section IV

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

Health Education

Regular health education was carried out during the year in Child Health Clinics and in the Schools: lectures and demonstrations were given to various organisations in the town by members of the medical, nursing and public health inspector staff.

Fluoridation of Water Supply

There is no change in the local position which is that the Council declared itself some time ago in favour of fluoridation. Until the authorities in the other areas supplied by the West Lancashire Water Board are prepared to go ahead with fluoridation, no scheme can be prepared.

Southport Relief Society

The Southport Council of Social Service continues to meet monthly at the Citizens Advice Bureau to assess the many applications received for help from the Southport Relief Society.

The objects of the charity are to apply the income arising in each year for the benefit of persons resident in the County Borough of Southport who, through physical or mental affliction or infirmity, are in need of financial assistance.

Many cases for help are referred by the Local Authority, this is a good example of liaison between voluntary and statutory services.

During the year patients have been admitted to Nursing Homes and Rest Homes for two-week periods, giving relatives the opportunity of a holiday. Money has been provided for coal and clothing. This year when the electricity cuts were in force, hot water bottles, vacuum flasks and blankets helped to meet the emergency.

Nursing Homes

At the end of the year there were 20 registered nursing homes in the area with a total of 300 beds.

The number of inspections made to nursing homes during the year was 52.

Nurses’ Agencies

Any person who wishes to carry on an agency for the supply of nurses must be licensed in accordance with the requirements of the Nurses Act of 1943, and the Nurses Agencies Regulations of 1945, and reports showed that the single existing establishment was being conducted in a satisfactory manner.

Persons in need of Care and Attention

In 1972 no patients were removed from their homes to hospital under Section 47 of the National Assistance Act.

Centres and Clinics

The following list shows the Centres and Clinics which were in operation at the end of the year:

ADDRESS	DAY	TIME
CHILD HEALTH CENTRES:—		
Sandbrook Road, Ainsdale	Mondays, Fri- days	2 to 4 p.m., 10-12 noon
North Road, Crossens	Wednesdays	2 to 4 p.m.
Lincoln Road, Birkdale	Tuesdays and Thursdays	2 to 4 p.m.
Poulton Road, High Park	Tuesdays and Wednesdays	2 to 4 p.m.
Hampton Road	Tuesdays and Thursdays	2 to 4 p.m.
Methodist Church, Derby Road	Fridays	2 to 4 p.m.
Churchtown Health Centre, Cambridge Road	Thursdays	2 to 4 p.m.
ANTE-NATAL CLINIC:—		
Christiana Hartley Maternity Hospital ...	Tuesday	1.30 p.m. to 3 p.m.
	Friday	9.30 a.m. to 11 a.m.
	Saturday	9.30 a.m. to 11 a.m.
POST-NATAL CLINIC:—		
Christiana Hartley Maternity Hospital ...	Tuesdays	9.30 a.m. to 11 a.m.
TUBERCULOSIS CLINIC:—		
Southport Infirmary	Mondays	2 to 4.30 p.m.
	Thursdays	9 to 11 a.m.
CHIROPODY CLINICS FOR THE ELDERLY:—		
44 Hoghton Street	Mondays, Tues- days, Wednes- days, Thursdays	9 to 12.0 noon 2 to 4 p.m.
VACCINATION AND IMMUNISATION CLINIC:—		
2 Church Street	Arranged as necessary	2 to 4 p.m.
PHYSIOTHERAPY CLINIC:—		
44 Hoghton Street	Thursdays	2 to 4 p.m.
Ainsdale Child Health Centre	Tuesdays and Thursdays	2 to 5 p.m.

Medical Examinations

The following table shows the work done by the medical staff of the department during 1972.

Department				No. of Forms received	No. of Meds. carried out	No. of Re-exams.
Borough Architect	...	...	...	13	—	—
Borough Engineer	...	...	...	72	45	26
Borough Treasurer	...	...	...	15	1	1
Education ...	...	...	...	328	126	2
Estates and Baths	...	...	...	2	3	—
Fire and Ambulance	...	...	...	3	5	17
Flower Show	...	...	...	—	—	—
Health ...	...	...	...	22	6	—
Libraries and Art	...	...	...	5	—	1
Parks and Cemeteries	...	...	...	14	12	—
Publicity and Attractions	...	...	...	6	3	—
Social Services	...	...	...	151	84	3
Town Clerks	...	...	...	7	6	1
Transport ...	...	...	...	18	13	20
Water Board	...	...	...	9	16	5
Weights and Measures	...	...	...	2	1	—
Totals ...				667	321	76

The Motor Vehicles (Driving Licences) Regulations 1970

The epilepsy and driving Regulation came into force on 1st June, 1970, as a result of a Ministry of Transport Circular.

In accordance with this new Regulation 15 persons suffering from epilepsy were seen by the Medical Officer of Health during 1972, who recommended that a driving licence be issued in 14 of these cases, 7 of which were renewals.

Crematorium

The Medical Officer of Health continued to act as Medical Referee and the Medical Officer in Department acted as Deputy Medical Referee whilst the post of Deputy Medical Officer of Health was vacant at the end of the year.

The number of certificates required in 1972 was 1,393.

Family Planning Service

From 1st April, 1971, when the Family Planning Association introduced National Family Planning Agency Schemes the Southport Local Health Authority decided that they would accept responsibility for the cost of providing free consultation and free supplies to medical cases only attending the Ash Street Clinic. They would not, however, accept responsibility for non-medical or social cases as from this date.

During 1972, there were 723 new clients.

In 1971 the Southport Health Authority arranged for a domiciliary planning service for medical cases, for the benefit of those women who required family planning advice but who were unwilling to visit the clinic for this purpose.

There were 14 of these cases during 1972.

Marie Curie Memorial Foundation

The aims of the Foundation cover all aspects of the problems associated with cancer. Appreciation of the services provided is seen by donations received locally and forwarded to the Foundation.

Marie Curie Day and Night Nursing Service

This is a voluntary service administered by the Local Authority acting as the Foundation's agents and enables patients of all ages with cancer to be nursed in their own homes. During the year more use has been made of the Day Service and the demand continues for Night Nursing. Help is given for two to three nights weekly.

Welfare Scheme of the Marie Curie Memorial Foundation

This scheme is operated exclusively for the benefit of patients suffering from cancer:—

Help is available for the admission of a patient to one of the Residential Homes and for assistance through the Area Welfare Grant Scheme.

Assistance is given "in kind" and it covers provision of special equipment, linen and bedding, extra nourishment, extra fuel and many miscellaneous needs.

Section V

ENVIRONMENTAL HYGIENE

SANITARY CIRCUMSTANCES OF THE AREA

Geology—The area consists of a bed of blown sand resting on peat, below which lies a bed of laminated blue clay. While the lower strata appears to be undergoing an exceedingly slow subsidence, any loss which might result from that circumstance is much more than made good by the continual accretion of sand derived from the Mersey. Land is gradually being reclaimed, both by natural and artificial means. The overlying sand on the east and south borders gradually thins out, exposing a margin of peat within the boundary of the area.

The elevation of the built-upon area varies from about 12 feet to 38 feet above Ordnance Datum.

Water—The water supply is provided by the West Lancashire Water Board which is responsible also for the supply to several neighbouring local authorities.

All the water supplied is pumped from wells and boreholes sunk in the sandstone rocks to depths varying between 180 and 1,000 feet.

The five pumping stations which contribute to the supply of Southport are situated five to ten miles south-east of the town.

Owing to the depth of the wells and the control exercised over their surroundings, the water, though hard, is consistently of the highest standard of bacterial purity. As a precaution, however, all water is chlorinated at the source.

At four pumping stations filters are installed to remove the iron and manganese present in the water as it comes from the wells. After filtration and chlorination the water is stored in covered reservoirs.

Samples are taken for chemical and bacteriological examination at regular intervals.

TOWN'S WATER

Chemical Analysis, 22nd August, 1972

										Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	...	...	230
Oxygen absorbed	} in 15 minutes	...	...	...	...	...	...	...	...	0.30
from Permanganate		...	...	...	...	...	...	...	...	0.70
Ammonia	...	...	...	...	...	...	...	...	...	Nil
Albuminoid Ammonia	...	...	...	...	...	...	...	...	...	0.06
Nitrogen as Nitrates	...	...	...	...	...	...	...	...	...	0.04
Nitrogen as Nitrites	...	...	...	...	...	...	...	...	...	Nil
Combined Chlorine	...	...	...	...	...	...	...	...	...	21
Free Chlorine	...	...	...	...	...	...	...	...	...	Nil
Lead	...	...	...	...	...	...	...	...	...	0.02
Copper	...	...	...	...	...	...	...	...	...	0.12
Zinc	...	...	...	...	...	...	...	...	...	Nil
Total Iron	...	...	...	...	...	...	...	...	...	0.11
Cadmium	...	...	...	...	...	...	...	...	...	Nil
Carbonate Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	110
Total Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	158

(pH. value: 7.4)

Bacteriological Examination, 22nd August, 1972

Faecal Coli per 100 ml. in water examined	...	...	...	...	...	Nil
Total coliform organisms per 100 ml. in water examined	...	...	...	...	...	Nil

This and other tests indicate that the water is highly satisfactory. Natural fluoride is present in quantities of approximately 0.1 parts per milli n.

Water supply to houses in the Borough—

Particulars	Number of houses	Mid Year Estimate of Population
Mains supply, provided by the West Lancs. Water Board	30,117	84,574
Water supply from sources other than specified above	Nil	Nil
TOTALS	30,117	84,574

PUBLIC BATHS

Sea Bathing Lake, Marine Drive.

The attendance during the year was:—

At the turnstiles	...	...	...	...	...	134,845
Contracts sold (Adults and children)	...	...	...	...	...	142
Plus children under 5 years of age.						

Improvements continued during the year, both to raise the standard of the bathing water and of the dressing accommodation. Priority was given to the need to be able to increase the chlorine dosage at peak periods of bathing and to the desirability of having the filtration and chlorination plant running over-night, when necessary.

Victoria Baths, Promenade.

The attendance during the year was:—

Adult and Junior public admissions	...	...	...	...	186,456
Scholars under instruction from Southport, Lancashire					
County and Private Schools	...	...	...	...	68,652
Southport Swimming Club	...	...	...	...	12,044
Private Hire	...	...	...	...	17,814
Spectators	...	...	...	...	35,166
Private Baths	...	...	...	...	10,222
Turkish Baths	...	...	...	...	6,342

		Satisfactory	Unsatisfactory	Totals
Victoria Baths	Chemical Samples	1	—	1
	Bacteriological Samples	1	—	1
Sea Bathing Lake...	Chemical Samples	1	—	1
	Bacteriological Samples	1	—	1

The condition of the water is tested daily by the Baths Manager.

**Chemical Sample of Bathing Water taken at
the Victoria Baths on 5th June, 1972**

Appearance	...	...	...	...	...	Clear and bright. Colourless. Very minute trace of floccu- lent matter.
pH. Value	...	...	...	...	...	7.5
Nitrite	...	...	...	...	...	Nil
Free Ammonia, parts per million				...	...	0.12
Free Residual Chlorine, parts per million					...	0.20
Total Residual Chlorine (Free Chlorine plus Chloramines) parts per million				...	...	0.30
Result—Satisfactory						

**Chemical Sample of Bathing Water taken at
the Sea Bathing Lake on 5th June, 1972**

Appearance	...	...	...	...	...	Clear and bright. Colourless. Minute trace of flocculent matter. Odour of chlorine.
pH. Value	...	...	...	...	...	7.0
Nitrite	...	...	...	...	...	Nil
Free Ammonia parts per million				...	...	0.02
Free Residual Chlorine, parts per million					...	0.30
Total Residual Chlorine (Free Chlorine plus Chloramines) parts per million				...	...	0.30
Result—Satisfactory						

**Bacteriological Examination of Bathing Water at
the Sea Bathing Lake on 5th June, 1972**

Probable numbers per 100 ml.		PLATE COUNT Organisms per ml.
Coliform bacilli	Bact. coli (type 1)	
0	0	10

**Bacteriological Examination of Bathing Water at
Victoria Baths taken on 5th June, 1972**

Probable numbers per 100 ml.		PLATE COUNT Organisms per ml.
Coliform bacilli	Bact. coli (type 1)	
0	0	10

ATTENDANCES 1968—1972

Year	NUMBER OF PERSONS ATTENDING	
	INDOOR	OPEN AIR
	Victoria Baths (Opened 1836) (Remodelled 1926)	Bathing Lake (Opened 1928)
1968	338,582	211,028
1969	338,413	222,807
1970	351,699	185,600
1971	380,596	149,728
1972	336,696	134,987

The indoor Victoria Baths on the Promenade are now 138 years old and have been described as “Victorian and obsolete”.

During the year the Special Committee formed to go into the question of providing new indoor swimming baths approached the end of its task.

SANITARY INSPECTION OF THE AREA

Land Charge Enquiries—Information has been supplied during the year on 3,775 enquiries in respect of properties and sites in the Borough.

Sewage Disposal—The Sewage Works at Bank End, Crossens, deals with over two-thirds of the sewage passing into the system, the rest is treated at Ainsdale where the new Works have materially helped in the development of the district.

The effluent from the Bank End Works is discharged into the sea and it is worthy of note that Southport is one of the very small number of seaside towns that give their sewage full treatment before discharging it into the sea.

There is a growing problem with regard to sludge disposal as there is much less demand for this by local farmers.

The Borough Engineer is responsible for the operation of both these Works.

The work of sampling seawater and the sand from the beach, which commenced in 1970, was continued. Although the results of the samples indicated that, as elsewhere in the British Isles, the condition of the sea was not perfect, there was no indication that people using the beach and the sea for recreation were in any danger of contracting disease.

Drainage—Drain stoppages are now dealt with by the Borough Engineer’s Department for which a charge of £2 is made for stoppages which are easily freed. More difficult drainage work is undertaken on a “time and material” basis.

Improvements in Sanitation—During the year the task of abolishing Bristol Closets in the Borough has continued. In 33 cases, statutory notices were served requiring owners to carry out the conversions.

Household Refuse—The work of collection and disposal of refuse is the responsibility of the Borough Engineer.

Pest Control—In addition to the destruction of rats and mice, the advice of the Health Department's technical staff is sought on many other occasions where pests such as cockroaches, crickets, flies, bugs, wasps and other insects are involved. Information has been given and in many cases the work of exterminating these pests has been undertaken for the complainants.

Caravans

Number of licensed sites for holiday caravans	...	...	...	...	...	4
Total number of caravans permitted	...	...	...	...	...	113

Two of these sites are in use.

In addition to these licensed sites, a new site situated on local authority land on the landward side of the Esplanade was opened. This site is managed by the Caravan Club Ltd. and caters only for touring caravans owned by members of the Caravan Club.

PUBLIC MORTUARY

The mortuary facilities in the town at Duke Street Cemetery, cannot be regarded as of the type and standard required in a modern county borough. The buildings are old and have the disadvantage that the post-mortem room is separated by some distance from the mortuary so that it has proved difficult to screen the premises adequately. The provision of a modern mortuary is planned.

During the year 412 bodies were received at the mortuary and, of these, 402 were submitted to a post-mortem examination.

FACTORIES

Sections 1 to 7 of the 1961 Factories Act are administered by local authorities in all factories where mechanical power is not used, and Section 7 is administered by them in all factories.

Working conditions such as cleanliness, overcrowding, temperature, ventilation and drainage of floors are dealt with under these sections of the Act and sanitary conveniences are referred to specifically in Section 7 of the Act.

PREMISES	Number on Register	Number of inspections
Factories (other than domestic factories) where motive power is not employed	7	28
Factories where motive power is employed ...	315	242
No. of building sites	—	—

Prevention of Damage by Pests Act, 1949

Work done during year 1972

					Type of Property	
					Non Agricultural	Agricultural
Number of Properties in District	...	...			35,094	25
Total Number of Properties Inspected following Notification	...	...	...	...	900	1
Number Infested by (i) Rats	...	...			220	1
(ii) Mice	...	...			680	—
Number of Properties Inspected for other Reasons	...	...	...	...	53	16
Number Infested by (i) Rats	...	...			37	16
(ii) Mice	...	...			16	—

The work involved in dealing with the above mentioned properties resulted in 1,715 visits being made by the Resident Officer and Public Health Inspectors.

Every infestation was dealt with, or supervised by members of the staff of the department, and all re-infestations treated similarly.

PUBLIC HEALTH INSPECTORS

Summary of Complaints and Visits made during year 1972:

Nuisances									
COMPLAINTS INVESTIGATED—									
Choked and defective drains ...	...	...	...	...	...	...	...	...	169
Housing defects ...	...	...	...	...	...	...	...	...	205
Ditches and watercourses ...	...	...	...	...	...	...	...	...	9
Smoke emission ...	...	...	...	...	...	...	...	...	24
Noise ...	...	...	...	...	...	...	...	...	132
Other nuisances ...	...	...	...	...	...	...	...	...	1,473
Total No. of complaints ...									2,012
ACTION TAKEN: Notices served and results in nuisances abated:									
Served	Preliminary, 232				Statutory, 44				
Abated	Preliminary, 172				Statutory, 48				
VISITS— To Premises:									
Dwellinghouses ...	...	...	...	...	...	...	...	...	7,754
Shops ...	...	...	...	...	...	...	...	...	3,289
Offices ...	...	...	...	...	...	...	...	...	146
Factories and workshops ...	...	...	...	...	...	...	...	...	393
Dairies ...	...	...	...	...	...	...	...	...	133
Food preparing premises ...	...	...	...	...	...	...	...	...	1,694
Ice Cream premises ...	...	...	...	...	...	...	...	...	240
Other premises ...	...	...	...	...	...	...	...	...	3,340
Total No. of Visits ...									16,989
Regarding:—									
Nuisances ...	...	...	...	...	...	...	...	...	3,148
Drainage ...	...	...	...	...	...	...	...	...	972
Conversion of closets ...	...	...	...	...	...	...	...	...	266
Ditches and watercourses ...	...	...	...	...	...	...	...	...	44
Rats, mice and other vermin ...	...	...	...	...	...	...	...	...	1,136
Pigeons ...	...	...	...	...	...	...	...	...	319
The Housing Acts ...	...	...	...	...	...	...	...	...	2,771
Rent Acts ...	...	...	...	...	...	...	...	...	133
Food Hygiene Regulations ...	...	...	...	...	...	...	...	...	3,986
Milk Regulations ...	...	...	...	...	...	...	...	...	284
Food ...	...	...	...	...	...	...	...	...	616
O.S.R. ...	...	...	...	...	...	...	...	...	977
Infectious Diseases ...	...	...	...	...	...	...	...	...	467
Other matters ...	...	...	...	...	...	...	...	...	3,130
Total No. of Visits ...									18,249

Food and Drug Samples—Year 1972

SAMPLES OBTAINED FOR BACTERIOLOGICAL EXAMINATION—

Milk	...	...	...	...	...	...	...	...	180
Ice Cream	...	...	...	...	...	...	...	...	18
Other Foods	...	...	...	...	...	...	...	...	—
Water (Tap)	...	...	...	...	...	...	...	...	7
Total No. of Samples									205

SAMPLES OBTAINED FOR CHEMICAL ANALYSIS—

Milk	...	...	...	...	...	...	...	...	9
Ice Cream	...	...	...	...	...	...	...	...	—
Other Food	...	...	...	...	...	...	...	...	55
Water (Tap)	...	...	...	...	...	...	...	...	38
Rag Flock, etc.	...	...	...	...	...	...	...	...	3
Rainwater & Atmospheric Deposit	...	...	...	...	...	...	...	...	12
Total No. of Samples									117

Legal Proceedings under Food and Drugs Act, 1955

OFFENCE	FINE	COSTS
The Sale of a Piece of Stale and Rancid Fish ...	£20	£12
The Sale of Pies Unfit for Human Consumption ...	£90	£12

Rag Flock and Other Filling Material Act, 1951

Ten premises are registered under this Act for the use of rag flock and other filling materials in the upholstering of articles of furniture. There are now no premises in the Borough in which such materials are manufactured, or stored in bulk.

Three samples of the materials in use were taken and submitted for analysis, and all proved to be satisfactory.

CLEAN AIR

There were 24 complaints regarding nuisances from smoke. All were investigated and recommendations made. No legal proceedings were instituted.

There are indications that the national campaign for a really clean atmosphere is slowly succeeding. The problem of industrial smoke in Southport is not large and it follows that the vast majority of our atmospheric pollution must come from domestic chimneys.

The open fire, burning coal, cannot be operated without making smoke. It is also the dirtiest and most wasteful method of space-heating.

Houses built after August, 1964, are not eligible for a grant if firegrates have to be converted to smokeless combustion at a later date. The occupiers of all new houses should, therefore, make certain that their firegrates are of the approved type.

The Chief Public Health Inspector would be glad to offer advice to any local resident who is contemplating installing a new space-heating appliance.

HOUSING

General—The number of inhabited houses was 29,061.

The following table shows the number of houses built during the period 1963 to 1972, plus additional accommodation made available as a result of adaptations and additions to existing properties:

Year	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Number of houses built	252	298	549	416	283	251	201	247	288	476

In addition 82 flats have been built.

Rent Acts—There were no applications for Certificates of Disrepair.

Under this legislation it is a criminal offence unlawfully to evict a person from a dwelling, and/or to harass tenants with the object of driving them out of a dwelling.

The public health inspectors have the responsibility of collecting statements of evidence in this connection and this work is increasing.

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 53. In the instances where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted.

Demolition and Closing Orders—The task of dealing with the houses in the Borough which appear to be unfit for human habitation continued and during 1972 24 houses were represented to the Health Committee. The formal procedure prescribed by the Housing Acts, was commenced in respect of 18 houses.

The new Housing Act, 1969 considerably increased the size of scope of Improvement Grants, with the object of encouraging the owners of older houses to prolong the life of the houses by carrying out repairs and improvements. The Act also makes it possible for landlords to obtain a better return on their property, after they have brought it up to a reasonable standard. It is hoped that many landlords will take advantage of these new incentives.

Improvements—Twenty-five representations under Section 19, Housing Act, 1964, were received from the tenants of individual houses, (not being houses in Improvement Areas), requiring the Local Authority exercise their powers to secure the improvement of the houses by the provision of the five standard amenities.

To this end, 25 Preliminary Notices and 12 Immediate Improvement Notices were served. Landlords' Undertakings were accepted in 17 cases.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
Registrations and General Inspections during year 1972

Class of Premises	Number of Premises Registered during the Year	Total Number of Registered Premises at end of year	Number of Registered Premises Receiving a General Inspection during the year
Offices	24	320	15
Retail Shops	74	880	152
Wholesale Shops and Warehouses	4	49	6
Catering Establishments open to the public, Canteens	3	138	4
Fuel Storage Depots	1	10	—
Totals	106	1,397	177

Number of Visits of all kinds by Inspectors to Registered Premises—1,372.

Analysis of Persons employed in Registered premises by workplace.

Class of workplace	Number of persons employed
Offices	2,317
Retail Shops	4,193
Wholesale departments and Warehouses	414
Catering Establishments open to the public }	{ 1,726
Canteens	
Fuel storage depots	49
Total ...	8,699
Males ...	3,156
Females ...	5,543

On the whole, the Act was well received by occupiers of offices and shops, and no serious difficulties were encountered.

Hoists and Lifts—The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations require that all hoists and lifts in premises to which the Act applies should be examined at regular intervals by a “competent person”. If any defects are found the competent person must notify the Local Authority, and it then becomes the responsibility of the Public Health Inspectors to see that the defects are remedied forthwith. Two inspectors attended a Ministry course in this connection. During the year six notifications were received.

Accidents reported during the year 1972

Class of Workplace	No. of Accidents Reported	No. Requiring Investigation	Results following Investigation			
			Prosecution	Formal Warning	Informal Advice	No Action Required
Offices	4	3	—	—	2	1
Retail Shops ...	25	14	—	—	7	7
Catering Establishments, Canteens	2	1	—	—	1	—
Wholesale Shops, Warehouses and Fuel Storage Depots	—	—	—	—	—	—
TOTALS	31	18	—	—	10	8

Animal Boarding Establishments—The purpose of the Act, is to control such establishments by licence, which must be renewed annually. Matters covered include: accommodation, overcrowding, exercising facilities, temperature, lighting, ventilation, cleanliness, food, drink, bedding, control of infection, fire precautions and the keeping of a register. During 1972, 4 licences were granted.

Riding Establishments

The Act introduces a system for licensing riding establishments and makes it an offence to keep such an establishment without a licence. The Act is not a public health measure. It is designed to prevent suffering to horses. The premises and the horses therein are inspected regularly by a veterinary surgeon.

By the end of the year 1 such licence had been issued.

Houses in Multiple Occupation—The Housing Act, 1961, and the Housing (Management of Houses in Multiple Occupation) Regulations, 1962, gave powers to local authorities to improve conditions in houses of this type, as follows:—

- to prevent overcrowding;
- to secure adequate facilities for the number of persons living in such a house;
- and
- to secure a proper standard of management.

Action to improve conditions in this type of house continued during the year.

Action in connection with overcrowding and inadequate facilities is comparatively straightforward, but the securing of a proper standard of management is extremely difficult. Far too many people buy large, empty houses in good neighbourhoods and proceed to convert them into houses in multiple occupation, without realising the very serious responsibility which they are incurring. Inability properly to manage such houses results in the production of slums.

It is not widely appreciated that all the legislation in this connection is directed towards the health and well-being of the tenants in these houses and does little if anything to correct the matters which give concern to local residents.

NOISE ABATEMENT

During the year 132 complaints were received regarding noise, and all were carefully investigated. In the large majority of cases it was found that the noise complained of did not constitute a statutory nuisance. Many people are under the impression that any audible noise from, for example, a factory must be a public health nuisance, regardless of the fact that the noise in question may be considerably less than the normal background level of noise in the neighbourhood. A certain amount of noise is inevitable from any factory. It is quite a common occurrence for people to buy or rent houses immediately adjoining a large, busy factory, and then proceed to complain about the quite reasonable noise level from the factory.

Nevertheless, having said this, it has to be admitted that in Southport there are far too many small factories in very close proximity to dwelling houses.

Persons who are disturbed by the barking of dogs are advised to call at the office of the Chief Public Health Inspector and ask for a "barking-dog form", which contains instructions as to the correct procedure to be followed.

Section VI

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Acts—Records, 1967-1972

Year	Number of samples taken			ANALYTICAL RESULTS OF SAMPLES						Ratio (%) of samples adulterated
				Number genuine			Number adulterated*			
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1967	7	213	220	7	198	205	0	15	15	6·8
1968	2	192	194	1	172	173	1	20	21	10·8
1969	3	159	162	2	141	143	1	18	19	11·7
1970	—	131	131	—	105	105	—	26	26	19·0
1971	—	132	132	—	110	110	—	22	22	10·6
1972	—	70	70	—	52	52	—	18	18	25·7

*Certified by the Public Analyst as being adulterated or otherwise giving rise to irregularity.

Number of Samples taken for Bacteriological Examination—Year 1972

Nature of Samples and Specimens	Number of Samples and Specimens taken for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
Ice Cream ...	—	15	3	—	18
Milk	39	46	50	44	180
Other Foods ...	—	—	—	—	—
Town's Water ...	3	—	1	3	7
TOTALS	42	61	54	47	205

DISTRIBUTION OF MILK

There are 132 registered distributors of milk in the Borough, but as dealers in milk are only required to be registered by an appropriate Authority in one district, the number of persons selling milk in Southport exceeds this number.

Holders of licences registered to sell designated milk now hold such a licence for five years, but regular inspections are made of the premises, and samples of milk for chemical, bacteriological and biological examination are frequently submitted for the prescribed tests

Samples of Milk taken during the Year 1972

For Bacteriological Examination

CLASS OF MILK	Number of Samples Tested	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised	124	Phosphatase Methylene Blue	124 106	— 1
Sterilised... ..	41	Turbidity	41	—
Untreated	15	Methylene Blue	8	1
TOTALS			279	2

For Biological Examination

Designation	No. of Samples	Tests Applied	Results
			Positive
UNTREATED	15	Ring Test for Br. Abortus	—
		Guinea Pig Inoculation for Br. Abortus ...	—
		Guinea Pig Test for R. Burneti	—
TOTALS			—

The methylene blue test is an indication of the keeping quality of the milk which is greatly influenced by the manner in which it is handled during production at the farm and subsequently.

Where unsatisfactory samples were obtained, the premises were inspected and the equipment tested with a view to finding the source of the failure. In every case where such milk samples were obtained from producers outside the Borough, the information was submitted to the appropriate Authority.

Brucella Abortus—The organisms which cause this very unpleasant disease are still prevalent in milk emphasising that, despite the fact that bovine tuberculosis has been virtually eliminated, the heat treatment of milk is still highly desirable.

FOOD INSPECTION

Summary of Meat and Other Articles of Food which were found
to be diseased or unwholesome during year 1972

								Tons	Cwts.	Lbs.
Beef, Veal, Mutton, Pork	...	...	...	...	}	
Fish	...	...	...	...		
Poultry, Game and Rabbits	...	...	...	...		
Tinned Goods	...	...	...	...		
Fruit	...	...	...	...		
Miscellaneous	...	...	...	...		
TOTAL								6	7	23

Whenever possible, meat was sent for salvage and conversion into useful substances. The remaining diseased or unsound food was destroyed.

The whole of the food listed was voluntarily surrendered, and no legal action was necessary to safeguard public health.

FOOD HYGIENE

The education of food handlers has been continued and the following table clearly indicates the support that has been received from the food trade.

Attendances at Food Hygiene Classes

Trade	Number attended 1972					Totals to Date
	Elementary Course					
Bakers and Confectioners	6	247
Butchers and Meat Producers	—	69
Catering I	9	496
Catering II	4	368
Fish Fryers and Fishmongers	—	28
Fruiterers and Greengrocers	—	6
Food and Fruit Preserving...	2	575
Grocers	30	238
Ice Cream and Dairymen...	—	40
Nurseries	10	161
Others	9	126
TOTALS	70	2,354

Notes: Catering I — Guest houses, cafes and hotels.
Catering II — School Meals Service, canteens and hospitals.

Though the taking of examinations is voluntary, of the 1,654 students (Elementary Course) who have done so, 1,213 were successful.

Premises—I am able to report that progress is being maintained in this vital section of the department’s activities. Food premises are inspected frequently and improvements are readily obtained. There is a gratifying indication that the food traders themselves are becoming more aware of the responsibilities laid upon them by the nature of their trade. This manifests itself in the keenness encountered amongst traders to discuss the very many problems which they encounter and in their readiness to seek advice.

Mouse infestation remains a problem but it is a problem which is being dealt with by the efforts of this department, coupled with those of firms which specialise in the business of pest eradication. Permanent freedom from infestation is impossible to maintain and constant vigilance must be maintained.

Hygienic handling of food largely comes down to individual human behaviour—the human element. Undoubtedly the continued support for instructional courses proves their value to the participants. This, in turn, must lead to a raising of standards in the food trade.

Complaints—At least half of the complaints regarding unsound food were caused by the failure of the food trader to enforce an adequate system of stock rotation. Commenting on this same problem in my report for 1968, I stated “It is surprising how many food traders—some of many years standing—have no idea of the shelf life of the products which they are offering for sale”. I regret to have to state that little general improvement can be recorded. When food traders are found to have out-of-condition foods on display they are very receptive to the advice given to them and it is gratifying that one rarely meets with second offences from traders who have been warned.

ICE CREAM

The number of premises used in connection with the manufacture, sale and storage of ice cream is set out below:—

PARTICULARS								Number
For the purpose of manufacture and sale	...	...	...	...	...	...	...	10
For the purpose of sale	...	...	...	...	...	...	...	243
TOTAL								253

The Ministry of Health Provisional Grading of Ice Cream is divided into four grades as follows:—

GRADE I the ice cream, after incubation, does not decolourise Methylene Blue in 4 hours.

GRADE II the ice cream, after incubation, decolourises Methylene Blue in 2 hours to 4 hours.

GRADE III the ice cream, after incubation, decolourises Methylene Blue in $\frac{1}{2}$ hour to 2 hours.

GRADE IV the ice cream, after incubation, decolourises Methylene Blue immediately.

Grades I and II are regarded as satisfactory; Grades III and IV as unsatisfactory.

The following table shows the gradings of the samples examined:—

Ice Cream Samples—Results for Year 1972

		GRADES							
		Mobiles				Premises			
		I	II	III	IV	I	II	III	IV
Soft Ice Cream	—	1	1	—	8	1	2	2
Other Ice Cream	...	—	—	—	—	3	—	—	—

COUNTY BOROUGH OF SOUTHPORT



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1972

Telephone No.
Southport 42411.

Health Department,
2 Church Street, Southport.

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

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EDUCATION COMMITTEE AS AT THE
31st December, 1972

The Mayor, Alderman G. Walton
Councillor Mrs. E. M. Monk (Chairman)
Councillor E. J. Downs, E.R.D., T.D., (Senior Deputy Chairman)
Councillor E. White (Junior Deputy Chairman)
Alderman Mrs. B. Pogson
Alderman W. Prescott
Councillor C. I. Anderson
Councillor P. H. Auger
Councillor Mrs. M. Fearn
Councillor T. R. Glover
Councillor R. Greenall
Councillor M. P. Halsall
Councillor J. H. Poynton
Councillor H. J. Sainsbury
Councillor R. B. Tomlinson
Mrs. M. Bar
Professor B. Collinge
The Rev. E. Formby, M.Sc.
Mr. E. F. Johns
The Rev. W. C. Lazenby
The Rev. O. J. Yandell

SCHOOL HEALTH SERVICE SENIOR STAFF,
(in post on 31st December, 1972—*indicates part-time staff)

Principal School Medical Officer	P. W. LANG, L.R.C.P., L.R.C.S., L.R.F.P.&S., M.F.C.M., D.P.H.
Deputy Principal School Medical Officer	VACANT
School Medical Officer	E. LOSONCZI, M.B.E., M.D., D.P.H.
School Medical Officer	*KATHLEEN ABRAHAM, M.B., Ch.B.
Eye Clinic	*C. S. L. PEIRIS, F.R.C.S.(E), D.O. (Eng.), M.B. (Cey). *J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
Ear, Nose and Throat Clinic	*R. V. TRACY FORSTER, F.R.C.S., M.B., Ch.B., D.L.O.
Child Guidance Clinic	*J. M. NAYLOR, M.B., Ch.B., D.C.H., D.P.M.
Principal Dental Officer	W. L. ROTHWELL, L.D.S. (Liv.)
Senior Dental Officer	J. D. M. KIDNEY, B.D.S. (Nat. University of Ireland).
Dental Officer	P. L. HEATHCOTE, L.D.S. (Liv.)
Consultant Orthodontist	*H. POGREL, L.D.S. (Liv.), L.D.S., R.C.S. (Eng.), D.ORTHO.R.C.S. (Eng.)
Consultant Anaesthetist	*ANTHEA MARY BUSHBY, M.B., Ch.B., M.R.C.S., L.R.C.P., D.A.
Director of Nursing Services	Miss E. MITCHELL, M.B.E., S.R.N., S.C.M., H.V. Cert., Q.N.
Senior Physiotherapist	Mrs. V. A. MACLEOD, M.C.S.P.
Speech Therapist	MISS LYNN WIGHT, L.C.S.T., Dip. I.P.A.
Educational Psychologist	W. TURNER, B.A. (Hons.) PSYCHOLOGY

Principal School Medical Officer's Annual Report

FOR 1972

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE

The year has been a busy one for everyone working in the School Health Service. For the greater part of the previous year the Health Department was without a Deputy Medical Officer and this imposed serious limitations upon the amount of work which could be carried out during the year. At the beginning of 1972 the staff problem was temporarily resolved when Dr. J. T. Carroll came to join the department. It then became possible to introduce a special system of medical surveillance for the handicapped school children of the town. Dr. Carroll visited each of the special schools, Presfield School for educational subnormality, Sandbrook School for severe subnormality and Hawkshead School for physically handicapped children, on a regular basis throughout the Spring and Summer terms and for part of the Autumn term. Each session was devoted to the examination of only 4 or 5 children, the parent being present if possible and with the School Head taking an active part in the meeting. Parents were thus enabled to discuss the numerous problems which are encountered with handicapped children without the restriction upon time which is inevitable in the standard system of school medical inspections. The service was I believe appreciated by both parent and school teaching staff. Unfortunately Dr. Carroll left this authority towards the end of November and the scheme had to be discontinued for the time being. It is hoped to re-introduce it, however, when the new deputy takes up his post.

The health of the town's school children continues to be maintained at a highly satisfactory level. There is only occasional evidence of nutritional disorder and this is usually that of obesity rather than under-nourishment. The seeds of obesity are sown in infancy or childhood and all too often the fat infant eventually becomes the obese adult. There is no doubt that traditional eating patterns are persistent and that it is difficult to influence them within a community. There is, however, evidence that the public are increasingly becoming concerned about the problem of weight control and about the reduction of overweight. The media are giving much publicity to dietary regimes and a number of organisations, whose purpose is to assist people to control their weight, are coming into existence; this is a most welcome development. Obesity is associated with various forms of ill-health, including coronary thrombosis and high blood pressure, and is quite certainly preventable. I believe that we in the Health Services have a prime duty to apply our expertise to re-education of the public, and this includes school children, in healthy eating habits. Medical and nursing staff in the School Health Service pay particular attention to this aspect of child health during medical inspections.

The programme of periodic medical inspections was satisfactorily accomplished during the year 1972.

I should once again like to express my gratitude to the members of the Committee, to all my medical and educational colleagues and to the staff of my department who have given a consistently excellent standard of service during the year in the face of increasing pressures.

I am,

Yours faithfully,

P. W. LANG

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

The school health service is largely an advisory and preventive medical one. When treatment other than of a minor kind is necessary, this is usually arranged through the family doctor or hospital services: there are excellent liaison arrangements between these three services. In the case of behavioural and emotional problems, the school doctor, because of his easy access to the child's teacher, may be in a particularly favourable position to help.

The number of children on the register of the Education Authority is listed below. The figure for the previous year is given for comparison.

							Year 1971	Year 1972
Primary Schools	...	...	...	...	...	...	7,951	8,051
Secondary Schools	...	...	...	...	...	...	5,283	5,557
							13,234	13,608

ROUTINE MEDICAL INSPECTIONS

As usual all schools were visited during the year and parents were notified of the time and place of medical inspections and invited to attend.

Child health centre premises and church halls were used when conditions in school were unsuitable.

The method used in previous years was continued, ensuring that children are examined by a school medical officer at least three times during their school lives, viz:—

- (a) Every pupil admitted for the first time to a maintained school is inspected as soon as possible after admission.
- (b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at that school.
- (c) Every pupil attending a maintained secondary school is inspected during the last full year of his attendance at that school.

The number of children inspected in each age group is given below.

PRIMARY SCHOOLS—									
Entrants	...	...	...	...	...	...	...	...	1099
Leavers	...	...	...	...	...	...	...	...	1039
SECONDARY SCHOOLS—									
Leavers	...	...	...	...	...	...	...	...	915
ADDITIONAL MEDICAL INSPECTIONS (All Schools)...						...	...	...	999
TOTAL						...	...	...	4052

The percentage of parents attending with their children at examinations is given below.

PRIMARY SCHOOLS—									
Entrants	...	...	...	...	...	...	...	...	51.9%
Leavers	...	...	...	...	...	...	...	...	67.3%
SECONDARY SCHOOLS—									
Leavers	...	...	...	...	...	...	...	...	11.7%
ADDITIONAL MEDICAL INSPECTIONS (All Schools)						...	...	...	52.4%

Defects found at Routine Medical Inspections.

Below are the numbers of children in each age group found to require treatment.

	Primary Schools		Secondary Schools —Leavers	Additional Inspections (all schools)	TOTALS
	Entrants	Leavers			
Number of children examined ...	1099	1039	915	999	4052
Number of children requiring treatment	213	129	31	124	497
Percentage requiring treatment ...	19.3	12.4	3.4	12.4	12.3

A detailed list of all defects is to be found in the tables at the end of this report.

Before the school medical examination every child is inspected annually by the school nurse. Any pupil found to have a defect is later seen by a school medical officer, in addition to the children already listed for medical inspection. This year the number of children examined by the school nurses was 12,649 and of these 13 were referred for further examination, together with 487, from last year's medical inspection.

CLINICS

Nurses Treatment Clinic—These clinics are open every week day and arrangements for treatment ensure that every effort is made to reduce waiting time and time lost from school.

During the year, 4,448 attendances were made by children—3,963 at 2 Church Street Clinic, and 485 at Ainsdale Clinic.

Minor Ailments Clinic—This is a weekly clinic at which children and parents are seen by the school medical officers. Parents are advised about their children and if further investigation is required, they are referred to hospital with the knowledge and consent of the child's general medical practitioner. The number of children seen at this clinic during the year was 1,205, and these children made 1,933 attendances. 26 cases were referred to the Southport Infirmary for further investigation, and 2 to the Promenade Hospital.

90 children were referred to the Casualty Department at the Southport Infirmary by the school medical officers and the clinic nurses.

During the year 48 alarms were supplied to enuretic school children. The majority of these children were cured or showed great improvement after using this apparatus.

Eye Clinic—During the year, 424 attendances were made at this clinic. 114 new cases were examined and 228 children attended for observation of progress from previous years. 148 children had spectacles prescribed for them and 37 children were referred to the Southport Infirmary for operative and orthoptic treatment.

Ear, Nose and Throat Clinic—In 1972, 389 attendances were made at this clinic. 361 new cases were examined and 20 children attended for observation of progress from previous years. 123 cases were admitted to the Promenade Hospital for the removal of tonsils and/or adenoids, and 104 for other forms of treatment.

Children who may have any loss of hearing are referred to the School for The Partially Hearing, Birkdale, or to the University Department for the Deaf in Manchester, for special examination.

Audiometric sweep testing of 5-year olds was carried out in all primary schools by the school nurses. Children who failed the test were invited to attend the school clinic for re-testing by one of the school medical officers. 1,447 children were tested in school; 45 were referred to a school medical officer for further testing; 7 children were kept under observation and 27 were found to require treatment. The majority of these children were referred to the Ear, Nose and Throat Specialist and were treated by him. Further audiometric testing was carried out after treatment to make sure that the hearing had improved.

Chiropody Clinic—This clinic provided a service for the treatment of verrucae, corns and similar afflictions.

During the year, 1,027 attendances were made and 149 new cases were examined. At the end of the year 33 children were attending for treatment.

Artificial Sunlight Clinic—Children were referred from the chest clinic, the paediatric clinic of the Southport Infirmary, the school minor ailments clinic, routine medical inspections and by general medical practitioners.

During the year 19 school children were treated at 2 Church Street and made 455 attendances; 11 children were treated at Lincoln House and made 161 attendances and 13 children were treated at Ainsdale and made 343 attendances.

Orthopaedic and Remedial Exercises Clinic—Children were referred by the school medical officers and from the school children’s consultant orthopaedic clinic at the Promenade Hospital.

During the year 187 children made 3,424 attendances at 2 Church Street, 54 children made 788 attendances at Lincoln House and 59 children made 788 attendances at Ainsdale.

In addition, for the first six months of the year group physiotherapy sessions were held once a week at the Hawkshead Hospital Special School and 1107 group attendances were made. In the second half of the year children at the school were seen individually and made 139 attendances. During the year, 1 case was referred to the Promenade Hospital for consultant opinion. The physiotherapist attended this orthopaedic clinic, so that good liaison was maintained between the hospital and this department.

The physiotherapist also visited the School for the Partially Hearing once a week, giving treatment to 12 children attending the School.

Sandbrook School was also visited, treatment being given to 5 children who have physical handicaps, in addition to mental handicaps.

SPEECH THERAPY

97 school children have made regular attendances over the year with the following speech disorders.

Lateral sigmatism	...	...	...	5
Dental sigmatism	...	...	...	12
Palatal sigmatism	...	...	...	3
Velar sigmatism	...	...	...	1
Stammer	...	...	...	7
Voice and Resonance	...	...	...	5
Rhotatism	...	...	...	3
Retarded speech and language	...	...	...	28
Gross articulation disorders...	...	...	...	33
				—
				97
				—

62 children are on the list for review
41 children have been discharged
30 children are on the waiting list

CHILD GUIDANCE SERVICE

Dr. Naylor, the Consultant Child Psychiatrist, has asked me to include the following:
“The service has had another busy year and children have continued to be referred from the adjacent County Areas as well as from the Borough.

There have fortunately been no further changes of staff. Mr. Turner, the Educational Psychologist, and Mrs. Riley, the Secretary have completed a year with the service and have given valuable help. Mrs. Winter, the Psychiatric Social Worker and Mrs. Smith, the Remedial Teacher have maintained their high standards of work.

Gradually increasing difficulty is being experienced in finding suitable residential or school placements for those children with special needs. Clinic treatment, in some cases may be ineffectual without the support of community or educational facilities. It has, therefore, been necessary to make increasing use of the Hospital Service for treatment of children as day patients.

Number of New Patients seen:

Southport	60
Lancashire County	15

Number of Review Attendances:

Southport	243
Lancashire County	69

HANDICAPPED PUPILS

Physically Handicapped and Delicate Children—The work in the Hawkshead Hospital Special School deserves special mention. Though the majority of the pupils are children from other areas who are resident in the hospital, day scholars from Southport are also taught there. This has been of great benefit to the town and has meant that children, who otherwise would have had to be educated at residential special schools, have been able to stay at home and that our own medical staff have been able to follow their progress. Some of these children were seriously physically handicapped and required the support and encouragement which their parents were able to give them in the circumstances. Transport is provided for the majority of these children. The staff do all in their power to make the school a happy and efficient one. At the end of the year, 25 children with the following physical handicaps, together with 3 delicate children were receiving education in the school:—

<i>Sex</i>	<i>Handicap</i>
1 boy	Perceptual difficulties
2 boys	Spastic paralysis
2 boys	Haemophilia
2 boys	Diplegia
1 boy	Spina bifida
1 boy	Right sided hemiplegia
2 boys	Muscular dystrophy
2 boys	Congenital heart disease
1 boy	Cerebral tumour
1 boy	Congenital deformity of urethra
5 girls	Spastic paralysis
1 girl	Myelomeningocele
1 girl	Right sided hemiplegia
1 girl	Congenital absence of sacrum
2 girls	Congenital heart disease

During the past year about sixteen of our severely handicapped children have been taken to the Victoria Baths by the physiotherapist for hydro-therapy. Most of these children are spastic or have muscular defects, and they get great joy from their visits to the baths. This is one time in the week when supported by the water their limbs can move freely. Voluntary help is given at these sessions by members of the Ladies Circle, and this service is greatly appreciated.

16 children from the School were taken to the Formby Riding School each week. Great improvement has been noticed both mentally and physically after these sessions. The children look forward to these riding dates which are greatly enjoyed. We are indebted to the ladies of the Southport & Formby District Riding for the Disabled for the voluntary help given at these lessons.

Five physically handicapped children and one delicate child were at residential Special Schools.

Epileptic Children—One boy, suffering from Epilepsy, also attended Hawkshead Hospital Special School as a day pupil during the year.

Partially Sighted Children—Three partially sighted children were in residential schools.

Deaf and Partially Hearing Children—One deaf and three partially hearing children were in residential schools. Sixteen children attended special schools for the partially hearing as day pupils.

Educationally Sub Normal Children—Four children were receiving special education in residential schools at the end of the year.

The five ‘Opportunity’ Classes continued to do very good work during the year. In the present circumstances these classes admit children who are educationally sub-normal as well as those retarded in their studies from a variety of causes, e.g., due to absence from school because of illness.

Maladjusted Children—There were six children in residential special schools for maladjusted pupils.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

There is good liaison between the School Health Service and the Hospital Service, and there is an adequate exchange of information regarding contacts of this disease.

Notifications—Four cases of tuberculosis were found in school children during 1972.

B.C.G. Vaccination—The B.C.G. vaccination scheme against tuberculosis was continued as in previous years and was brought to the notice of all parents with children aged thirteen years and over in maintained and independent schools in the area.

The percentage of parents who failed to reply to the letter was 4·5%. These parents were visited by members of the health visiting staff, to bring to their notice the importance of vaccination against tuberculosis.

The following table shows statistics for the last five years.

Year	Acceptance Rate %	No. of children tested	Positive Skin Test %	Negative Skin Test %	Results not read due to absence %	No. Vaccinated
1968	91·7	1012	20·7	72·7	6·6	727
1969	89·7	1052	18·3	76·9	4·8	803
1970	90·4	1047	18·0	75·0	7·0	774
1971	89·6	1133	19·2	74·3	6·5	832
1972	91·7	1093	11·3	81·1	7·6	883

A more detailed list is given in the statistical table at the end of the report.

Tuberculin Skin Testing of School Entrants—All new entrants to school were offered skin tests to find out if they had at any time been exposed to tuberculous infection. The percentages of positive skin tests in five year old children whose parents wished the test to be carried out, (excluding those protected by previous B.C.G. vaccination) are shown below.

Year	No. tested	No. positive	% positive
1968	1025	21	2·1
1969	941	32	3·4
1970	1145	35	3·1
1971	955	21	2·0
1972	949	28	3·0

The children with positive tests, their parents and the remainder of the family, were offered a chest X-ray. This year, no new cases of active pulmonary tuberculosis were revealed by the X-rays taken.

INFECTIOUS DISEASES

Notifications were as follows, with figures for 1971 for comparison:—

	1971	1972
Measles	60	112
Scarlet Fever	3	—
Whooping Cough	5	1
Tuberculosis	—	4

MISCELLANEOUS SCHOOL MEDICAL WORK

Examination of school children for fitness to take part in public entertainment	5
Examination of school children for part-time employment	32
Children seen at 'follow-up' visits to schools by school nurses	125
Miscellaneous home visits by school nurses	647

HEALTH EDUCATION IN SCHOOL

Regular mothercraft classes were held at all the secondary modern schools at which girls attend, that is Meols Cop, Christ the King, Stanley and Birkdale. The syllabus is comprehensive and includes hygiene, diet and nutrition of children, clothing and footwear, simple first-aid and home nursing, as well as practical classes in cot-making, baby bathing, dressing and feeding. The classes are very popular with the girls, and it is hoped that the knowledge gained will be useful to them in later life.

SCHOOL MEALS

During the year, 1,396,696 meals were given to Southport school children and 22% of these meals were supplied free of charge under the assessment of income scheme. An average of 61% of children have dinner in school.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT, 1972

The authorised professional establishment of one Principal, one Senior and one School Dental Officer has been maintained throughout the year.

Every school in the Borough has had a dental inspection during the year and in addition, twelve schools have been re-inspected thus maintaining in most schools a period of less than one year between inspections. The number of pupils inspected and re-inspected during the year is the highest so far recorded due to the increase in school population but also as a result of the number of schools that are re-inspected during the year. This of course necessitates an increase in the time spent on inspection sessions at schools but there is no doubt that a reminder of the need for dental treatment serves a useful purpose in stimulating children to seek treatment.

It is also pleasing to report that at the dental inspections, the number of pupils found to require treatment is the lowest ever recorded at 37%. This is well below the national average, which in 1970 was approximately 56%. In only one school in Southport was this figure recorded, whereas it was as low as 8% in one of the Grammar schools. At inspections, the results of regular conservative treatment can be seen and it is most noticeable at the present time to see mouths which are cared for by pupils seeking regular attention. This has perhaps been brought about in Southport by the increase in recent years, of young dentists and a combination of group practice. There are however always those children who spoil the picture by not seeking treatment until it is necessary and this has a marked effect in the school dental service on the ratio of fillings to extractions. Once their toothache has been corrected, they are the ones who fail to complete a course of treatment until they are again forced to attend. They are thus the source of a considerable amount of time wasted in broken appointments.

This year dental health films have been shown in nine schools. The films are well received by the Junior schools but it is impossible to assess their value. During the school inspections, some time is spent in talking to those children whose mouths can be seen to be lacking in good oral hygiene and it is hoped that by this means, if not by the use of films, that the message gets through. Dental health kits are given to each child starting school and a letter to parents is sent at the time of a child's third birthday inviting them to arrange for the child to have a dental examination. Thus regular examination and treatment is stressed on all occasions.

In conclusion thanks should be given to all the staff for their invaluable services during the year.

CLINICS AS AT 31st DECEMBER, 1972

DAY	2 CHURCH STREET	46 HOUGHTON STREET	LINCOLN HOUSE
MONDAY a.m.	*Ear, Nose and Throat Clinic (fortnightly) Nurses' Dressings Clinic Dental Clinic	*Psychiatric Clinic. *Artificial Sunlight Clinic *Remedial Exercises Clinic	Dental Clinic *Artificial Sunlight Clinic *Remedial Exercises Clinic
MONDAY p.m.	Nurses' Dressings Clinic Dental Clinic	*Remedial Exercises Clinic	Dental Clinic
TUESDAY a.m.	*Eye Clinic (Fortnightly) Nurses' Dressings Clinic *Orthodontic Clinic (Fortnightly) Dental Clinic	*Remedial Exercises Clinic	Dental Clinic
TUESDAY p.m.	*Orthopaedic (Periodically) Nurses' Dressings Clinic *Orthodontic Clinic Dental Clinic	—	Dental Clinic
WEDNESDAY a.m.	*Eye Clinic (Monthly) Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Dental Clinic *Artificial Sunlight Clinic *Remedial Exercises Clinic
WEDNESDAY p.m.	Nurses' Dressings Clinic Dental Clinic	—	Dental Clinic
THURSDAY a.m.	*Chiropody Clinic Nurses' Dressings Clinic Dental Clinic	*Psychiatric Clinic *Remedial Exercises Clinic	Dental Clinic
THURSDAY p.m.	Nurses' Dressings Clinic Dental Clinic	*Remedial Exercises Clinic	Dental Clinic
FRIDAY a.m.	Doctors Minor Ailment Clinic *Chiropody Clinic Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Dental Clinic *Artificial Sunlight Clinic *Remedial Exercises Clinic
FRIDAY p.m.	Nurses' Dressings Clinic Dental Clinic	—	Dental Clinic

* By Appointment Only.

In addition there are Physiotherapy sessions at the Ainsdale Child Health Centre on Monday morning and Wednesday and Friday afternoons.

Statistics of Medical Inspection of Pupils attending Maintained Primary, and Secondary Schools, the Nursery School and the Hospital Special School.

PART I
PERIODIC MEDICAL INSPECTIONS
Physical Condition of Pupils Inspected

Age Groups Inspected (by year of birth)	No. of pupils Inspected	SATISFACTORY	UNSATISFACTORY
1968 and later	287	287	—
1967	416	416	—
1966	529	528	1
1965	141	140	1
1964	125	124	1
1963	109	108	1
1962	193	190	3
1961	708	707	1
1960	385	385	—
1959	106	104	2
1958	722	720	2
1957 and earlier	331	331	—
TOTAL	4052	4040	12

Pupils found to Require Treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin)

Age groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1968 and later	1	18	19
1967	11	69	80
1966	7	107	114
1965	8	23	31
1964	4	24	28
1963	2	17	19
1962	4	16	20
1961	31	55	86
1960	14	33	47
1959	2	8	10
1958	6	26	32
1957 and earlier	1	10	11
TOTAL	91	406	497

OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	...	1041
Number of re-inspections	...	...	...	...	...	...	...	1392
TOTAL								2433

PART I (cont.)

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	10057
Total number of individual pupils found to be infested.....	88
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).....	None
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).....	None

PART II

DEFECTS FOUND BY MEDICAL INSPECTION

(a)—At Periodic Inspections

Defect or Disease						Entrants	Senior Leavers	Others	TOTAL
Skin	...	...	...	...	T	11	7	16	34
					O	8	1	15	24
Eyes—Vision	...	...	...	...	T	20	3	74	97
					O	18	45	70	133
Squint	...	...	...	...	T	23	2	5	30
					O	6	1	6	13
Other	...	...	...	...	T	3	2	6	11
					O	7	2	5	14
Ears—Hearing	...	...	...	...	T	33	5	27	65
					O	12	3	15	30
Otitis Media	...	...	...	...	T	18	—	8	26
					O	6	—	3	9
Other	...	...	...	...	T	4	2	7	13
					O	2	1	3	6
Nose and Throat	...	...	...	...	T	52	2	32	86
					O	30	4	12	46
Speech	...	...	...	...	T	20	—	8	28
					O	13	1	12	26
Lymphatic Glands	...	...	...	...	T	3	—	—	3
					O	6	—	1	7
Heart	...	...	...	...	T	3	1	5	9
					O	12	7	20	39
Lungs	...	...	...	...	T	10	—	11	21
					O	8	5	22	35
Developmental—Hernia	...	...	...	...	T	—	—	2	2
					O	—	—	3	3
Other	...	...	...	...	T	6	—	12	18
					O	29	—	37	66
Orthopaedic—Posture	...	...	...	...	T	—	—	4	4
					O	2	—	22	24
Feet	...	...	...	...	T	17	—	12	29
					O	6	—	15	21
Other	...	...	...	...	T	3	3	13	19
					O	8	5	23	36
Nervous System—Epilepsy	...	...	...	...	T	—	—	1	1
					O	2	—	5	7
Other	...	...	...	...	T	1	—	3	4
					O	10	2	6	18
Psychological—Development	...	...	...	...	T	2	—	7	9
					O	19	1	36	56
Stability	...	...	...	...	T	3	—	6	9
					O	19	1	14	34
Abdomen	...	...	...	...	T	1	—	—	1
					O	—	—	2	2
Other	...	...	...	...	T	1	3	6	10
					O	5	—	3	8

Key: T—For Treatment; O—For Observation.

PART II (cont.)
(b) At Special Inspections

Defects or Diseases								Pupils requiring Treatment	Pupils requiring Observation
Skin	...	...	...	...	...	...	...	149	5
Eyes—Vision	...	...	...	...	...	...	...	17	14
Squint	...	...	...	...	...	...	...	4	—
Other	...	...	...	...	...	...	...	39	5
Ears—Hearing	...	...	...	...	...	...	...	69	102
Otitis Media	...	...	...	...	...	...	...	18	—
Other	...	...	...	...	...	...	...	31	7
Nose and Throat	...	...	...	...	...	...	...	48	19
Speech	...	...	...	...	...	...	...	11	4
Lymphatic Glands	...	...	...	...	...	...	...	—	—
Heart	...	...	...	...	...	...	...	2	2
Lungs	...	...	...	...	...	...	...	13	17
Developmental—									
Hernia	...	...	...	...	...	...	...	1	3
Other	...	...	...	...	...	...	...	9	7
Orthopaedic—									
Posture	...	...	...	...	...	...	...	1	—
Feet	...	...	...	...	...	...	...	14	1
Other	...	...	...	...	...	...	...	95	38
Nervous System—									
Epilepsy	...	...	...	...	...	...	...	—	—
Other	...	...	...	...	...	...	...	3	3
Psychological—									
Development	...	...	...	...	...	...	...	7	4
Stability	...	...	...	...	...	...	...	6	5
Abdomen	...	...	...	...	...	...	...	7	5
Other	...	...	...	...	...	...	...	146	80
TOTALS								690	321

PART III

TREATMENT OF PUPILS EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	131
Errors of refraction (including squint)	300
Total	431
Number of pupils for whom spectacles were prescribed	148

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
for diseases of the ear	63
for adenoids and chronic tonsillitis	123
for other nose and throat conditions... ..	41
Received other forms of treatment	585
Total	812
Number of pupils in schools who are known to have been provided with hearing aids—	
in 1972	9
in previous years	24

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
Pupils treated at clinics or out-patients departments—	
Specialist Clinics	2
By Local Authority Medical Staff	179
Pupils treated at school for postural defects	—
Total	181

PART III (cont.)

DISEASES OF THE SKIN

(excluding uncleanness, for which see Part I)

										Number of cases known to have been treated
Ringworm—Scalp	...	...	...	...	...	...	...	...	...	—
Body	...	...	...	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	...	...	...	10
Impetigo	...	...	...	...	...	...	...	...	...	33
Other skin diseases	...	...	...	...	...	...	...	...	...	292
Total										336

CHILD GUIDANCE SERVICE

										Number of cases known to have been treated
Pupils treated at Child Guidance Clinic—										
Maintained school children	...	...	...	...	...	...	...	...	...	126
Pre-school children	...	...	...	...	...	...	...	...	...	2
Private school children	...	...	...	...	...	...	...	...	...	—
Lancashire County school children and pre-school children	...	...	...	...	...	...	...	...	...	36
Total										164

(For further details see Table VI)

SPEECH THERAPY

										Number of cases known to have been treated
Pupils treated by speech therapist	...	...	...	...	...	...	...	...	...	97

OTHER TREATMENT GIVEN

										Number of cases known to have been dealt with
Pupils with minor ailments	...	...	...	...	...	...	...	...	...	388
Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	...	...	...	—
Pupils who received B.C.G. vaccination	...	...	...	...	...	...	...	...	...	883
Artificial Sunlight	...	...	...	...	...	...	...	...	...	43
Remedial Exercises	...	...	...	...	...	...	...	...	...	203
No. of 5 year old entrants who have had Skin Tests	...	...	...	...	...	...	...	...	...	949
Total										2466

PART III (cont.)

SCHOOL DENTAL SERVICE

Dental Inspection and Treatment carried out during 1972

ATTENDANCES and TREATMENT

First Visit	2607
Subsequent Visits	4082
Total Visits	6689
Additional courses of treatment commenced	1385
Total courses commenced	3992
Courses of treatment completed	3605
Fillings in permanent teeth	4843
Fillings in deciduous teeth	1546
Permanent teeth filled	3929
Deciduous teeth filled	1429
Permanent teeth extracted	826
Deciduous teeth extracted	1773
General Anaesthetics	643
Emergencies... ..	66
Number of pupils X-rayed	79
Prophylaxis	638
Teeth otherwise conserved	51

ORTHODONTICS

New cases commenced during year	62
Cases completed during year	64
Cases discontinued during year	11
Number of removable appliances fitted	95
Number of fixed appliances fitted	15
Pupils referred to Hospital Consultant	—

PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)	—
Pupils supplied with other dentures (first time)	5
Number of dentures supplied	9

ANAESTHETICS

General Anaesthetics administered by Dental Officers	149
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INSPECTIONS

(a) First inspection at school. Number of pupils	11938
(b) First inspection at clinic. Number of pupils	1308
Number of (a)+(b) found to require treatment	4652
Number of (a)+(b) offered treatment	4652
(c) Pupils re-inspected at school or clinic	6133
Number of (c) found to require treatment	2530

SESSIONS

Sessions devoted to treatment	1119
Sessions devoted to inspections and dental health education	147

CHILD GUIDANCE SERVICE

	Southport			Lancashire County Council		TOTAL
	School Children		Pre- School Children	School Children	Pre- School Children	
	Maintained Schools	Private Schools				
Number of new children re- ferred 	66	—	2	21	—	89
Number of children referred by:—						
Family Doctors 	29	—	2	6	—	37
School Medical Officers ...	17	—	—	7	—	24
Juvenile Court & Proba- tion Officers 	—	—	—	1	—	1
Consultant Medical (in- cluding Hospital Staff)	5	—	—	6	—	11
Children's Officer ...	2	—	—	—	—	2
Chief Education Officer ...	1	—	—	—	—	1
Miscellaneous 	12	—	—	1	—	13
TOTAL 	66	—	2	21	—	89
Number of individual child- ren seen during year ...	126	—	2	36	—	164
Number of attendances made by:—						
Children 	241	—	2	69	—	312
Parents 	285	—	4	81	—	370
TOTAL 	526	—	6	150	—	682
Number of children on wait- ing list at commencement of year 	16	—	—	3	—	19
Number of children on wait- ing list at end of year ...	9	—	—	4	—	13

Number of sessions conducted by Consultant Child Psychiatrist 98

Number of home visits by
Psychiatric Social Worker

Southport			Lancashire County Council		TOTAL
School Children		Pre- School Children	School Children	Pre- School Children	
Maintained Schools	Private Schools				
115	—	3	—	—	118

HANDICAPPED PUPILS

CATEGORY	NUMBER ASCERTAINED				TYPE OF EDUCATION PROVIDED				REQUIRING SPECIAL SCHOOL ACCOMMODATION BUT UNPLACED AT THE END OF THE YEAR			TOTALS
	No. on the register at the 1st Jan., 1972	No. added during the year, 1972	No. with- drawn in 1972	No. on the register at 31st Dec., 1972	Ordinary School	Special Schools		Day Class or School	Special School	Refusal by Parents		
						Day Class or School	Residential School					
BLIND	—	—	—	—	—	—	—	—	—	—	—	
PARTIALLY SIGHTED ...	8	—	1	7	4	—	3	—	—	—	7	
DEAF	2	1	—	3	—	2	1	—	—	—	3	
PARTIALLY HEARING ...	28	8	5	31	12	16	3	—	—	—	31	
DELICATE	5	4	—	9	4	4	1	—	—	—	9	
DIABETIC... ..	15	—	4	11	10	1	—	—	—	—	11	
EDUCATIONALLY SUB-NORMAL	85	26	6	105	2	86	4	11†	—	2	105	
EPILEPTIC	31	1	3	29	28	1	—	—	—	—	29	
MALADJUSTED	6	4	1	9	2	—	6	—	1	—	9	
PHYSICALLY HANDICAPPED	177	16	20	173	138	28	5	—	2	—	173	
Totals ...	357	60	40	377	200	138	23	11†	3	2	377	

† This figure includes children in 'Opportunity' Classes awaiting Day Special School accommodation and also children recommended for 'Opportunity' Classes who have managed to cope in small remedial classes in Secondary Schools.

B.C.G. VACCINATION OF SCHOOL CHILDREN

	Kind of School			Totals	
	Local Authority Schools	Private Schools	St. Thomas More Approved School	No.	%
Number of consent forms issued to parents	1222	95	50	1367	—
Number of parental consents received	1112	83	50	1245	91.0
Number of definite refusals... ..	55	6	—	61	4.5
Number of parents who did not reply	55	6	—	61	4.5
TOTALS	1222	95	50	1367	100
Number of Children tested ...	990	76	27	1093	87.8
Number of children with consent forms but not tested	122	7	23	152	12.2
TOTALS	1112	83	50	1245	100
Number of children tested and found to be:—					
Positive reactors	101	8	14	123	11.3
Negative reactors	817	62	8	887	81.1
Number not read	72	6	5	83	7.6
TOTALS	990	76	27	1093	100
Number of negative reactors vaccinated	814	61	8	883	—

PREVENTION OF TUBERCULOSIS
SKIN TESTING OF SCHOOL ENTRANTS

Number of children already tested	...	...	...	...	...	...	...	12
Number of 'no replies'	...	...	...	...	...	...	...	218
Number of definite refusals	...	...	...	...	...	...	...	69
Number of consents received	...	...	...	...	...	...	...	1070
Total number of eligible children	...	...	...	...	...	...	...	1369
Number of children tested	...	...	...	...	...	...	...	949
Number of children absent from the test	...	...	...	...	...	...	...	121
Total number of children for whom consents were received	...	...	...	...	...	...	...	1070
Number of children tested and found to be:—								
(a) positive	...	...	...	...	...	...	...	28
(b) positive from previous B.C.G. vaccination	...	...	...	...	...	...	...	24
(c) negative	...	...	...	...	...	...	...	883
(d) absent from reading...	...	...	...	...	...	...	...	14
Total number of children tested	...	...	...	...	...	...	...	949
Number of children referred to the Chest Clinic	...	...	...	...	...	...	...	25
Number of contacts found to have active disease	...	...	...	...	...	...	...	2

